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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

| Р | ension Benefit Guaranty Corporation | ▶ Complete : | all entries in acco | ordance witl | h the instructions to the Form 550 | 0-SF. | | |
|-------------|---|---------------------|-----------------------------|----------------|---------------------------------------|--------|---------------------------|-------------------------|
| | art I Annual Report I | | | | | | | |
| For | calendar plan year 2009 or fisc | cal plan year begii | nning 01/01/20 | 009 | and ending | 12/31/ | 2009 | |
| Α . | This return/report is for: | × single-employ | er plan | multiple-e | employer plan (not multiemployer) | | one-participa | ant plan |
| В | This return/report is for: | first return/rep | ort | final retur | n/report | | _ | |
| | | an amended r | eturn/report | short plar | year return/report (less than 12 mo | nths) | | |
| C | Check box if filing under: | X Form 5558 | Ī | automatio | extension | | DFVC progra | am |
| | · · | special extens | ion (enter descrip | tion) | | | _ | |
| Pa | rt II Basic Plan Infor | mation—enter | all requested infor | mation | | | | |
| | Name of plan | | | | | 1b | Three-digit | |
| | YORK SPINE & NEUROSUR | GERY ASSOCIATION | ΓES, P.C. 401(K) Ι | PLAN | | | plan number | 001 |
| | | | | | | | (PN) • | |
| | | | | | | 1C | Effective date of 01/01/2 | |
| 2a | Plan sponsor's name and add | ress (employer if | for single-employe | er plan) | | 2b | Employer Ident | |
| | YORK SPINE & NEUROSUR | , , , . | . , | or plant | | _~ | (EIN) 20-059 | |
| | | | | | | 2c | | telephone number |
| | TROY-SCHENECTADY ROAL E 100 | D | | | | 24 | | 3-5400 |
| | HAM, NY 12110 | | | | | Zu | 621111 | (see instructions) |
| 3a | Plan administrator's name and | d address (if same | as Plan sponsor, | enter "Same | e") | 3b | Administrator's | |
| NEW P.C. | YORK SPINE & NEUROSUR | GERY ASSOCIATION | TES, 1182 TRO' SUITE 100 | | TADY ROAD | | 20-059 | |
| 1 .0. | | | LATHAM, N | | | 3c | | telephone number 3-5400 |
| 4 1 | f the name and/or EIN of the pl | lan sponsor has c | hanged since the | last return/re | port filed for this plan, enter the | 4b | EIN | 0 0400 |
| | name, EIN, and the plan numb | | | | , | | | |
| F | | | | | | + | PN | |
| _ | | | | | | 5a | | 20 |
| | , , | · | • | | | 5b | | 19 |
| С | | | | | rear (defined benefit plans do not | 5с | | 19 |
| 6a | • | | | | (See instructions.) | | | X Yes N |
| | Are you claiming a waiver of t | the annual examir | nation and report o | of an indeper | ndent qualified public accountant (IQ | PA) | | |
| | | | | - | ons.) | | | Yes N |
| Da | rt III Financial Inform | | plan cannot use | Form 5500- | SF and must instead use Form 55 | 00. | | |
| | | iation | | | ()5 | | 4.5 | |
| 7 | Plan Assets and Liabilities | | | _ | (a) Beginning of Year 40495 | 1 | (b) End | I of Year 744843 |
| | Total plan assets | | | <u>7a</u> | | 0 | | 744043 |
| C | Total plan liabilities | | | | | | | 744843 |
| 8 | Net plan assets (subtract line Income, Expenses, and Trans | | | 7с | 40495 | 1 | (h) : | |
| а | Contributions received or received | | Teal | | (a) Amount | | (b) | Total |
| <u> </u> | (1) Employers | | | 8a(1) | 132893 | 3 | | |
| | (2) Participants | | | 8a(2) | 6362 | 5 | | |
| | (3) Others (including rollovers | s) | | 8a(3) | (| 0 | | |
| b | Other income (loss) | | | 8b | 156269 | 9 | | |
| С | Total income (add lines 8a(1) | , 8a(2), 8a(3), and | l 8b) | 8c | | | | 352787 |
| d | Benefits paid (including direct to provide benefits) | | • | 8d | 696 | 8 | | |
| е | Certain deemed and/or correct | ctive distributions | (see instructions). | 8e | | 0 | | |
| f | Administrative service provide | ers (salaries, fees | commissions) | 8f | | 0 | | |
| g | Other expenses | | | 8g | 592 | 7 | | |
| h | Total expenses (add lines 8d, | 8e, 8f, and 8g) | | | | | | 12895 |
| i | Net income (loss) (subtract lin | ne 8h from line 8c) |) | 8i | | | | 339892 |
| j | Transfers to (from) the plan (s | | | | | | | |

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|-------------------|------------------|
|-------------------|------------------|

| Part IV | Plan | Charac | teristics |
|---------|------|--------|-----------|
| | | | |

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

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

| art | V Compliance Questions | | | | | | | | |
|-------------|---|----------------------|---------|-----------|------------|--|---------------------|-------|--|
| 0 | During the plan year: | | Yes | No | Amou | | nount | | |
| а | 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) | 10a | | X | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | | | | | |
| С | Was the plan covered by a fidelity bond? | 10c | X | | | | | 25000 | |
| 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 | | Х | | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) | | | Х | | | | | |
| 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 | | Х | | | | | |
| 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 | | | | | | | |
| art | VI Pension Funding Compliance | | | | | | | | |
| 1 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500)) | | | | | | Yes | X No | |
| 2 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | or se | ction 3 | 02 of E | RISA?. | | Yes | X No | |
| | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver. Month ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | | | |
| | 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 | | | | | |
| | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount) | of a | | 12d | | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | | No | N/A | |
| art | VII Plan Terminations and Transfers of Assets | | | | | | | | |
| 3a | Has a resolution to terminate the plan been adopted during the plan year or any prior year? | | | | | | Yes | X No | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC? | nder | the co | ntrol | | | Yes | × No | |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | e plar | n(s) to | | | | | | |
| 1 | 3c(1) Name of plan(s): | 13c(2) EIN(s) | | | | | 13c(3) PN(s) | | |
| | | | | | | | | | |
| | | | | | | | | | |
| auti | ا on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable | e cau | se is | establi | shed. | | | | |
| Jnde B o | penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re | rn/rep | ort, in | cluding | , if appli | | | | |
| enet | it is true, correct, and complete. | | | | | | | | |

| SIGN | Filed with authorized/valid electronic signature. | 08/27/2010 | FRANK L GENOVESE MD |
|------|---|------------|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Filed with authorized/valid electronic signature. | 08/27/2010 | FRANK L GENOVESE MD |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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.

| P | art I Annual Report | Identification Information | | | | | | |
|------------|---|--|--------------------------------|--------------------|---------------------------------------|--|---|--------------|
| | the calendar plan year 2009 o | The state of the s | 2009-0 | 01-01 | and ending | 200 | 9-12-31 | |
| Δ - | This return/report is for: | x single-employer plan |] multiple-em | plover plan (ne | ot multiemployer) | П | one-participant plan | |
| | • | | | | , | لبا | one paradipant plan | |
| Ь | This return/report is for: | first return/report | final return/i | • | | | | |
| | | an amended return/report | short plan y | ear return/rep | ort (less than 12 months |) | • | |
| C | Check box if filing under: | x Form 5558 | automatic e | xtension | | L | DFVC program | |
| | | special extension (enter descriptio | n) | | | | | |
| D: | art II Basic Plan Info | prmation enter all requested info | rmation | | | | | |
| | Name of plan | That of enter an requested into | arriadon. | | | 1b ⊺ | hree-digit | |
| | | | | _ | | р | lan number | |
| | New York Spine & New | rosurgery Associates, P.C | . 401(k) | Plan | - | | PN) ▶ 001 | |
| | | | | | | | Effective date of plan | |
| 22 | Plan enoncor's name and add | dress (employer, if for single-employer | nlan) | | | | Employer Identification Number | |
| <u>_</u> u | • | rosurgery Associates, P.C | | | | | EIN) 20-0590854 | |
| | | | | | | 2c F | Plan sponsor's telephone number | |
| | 1182 Troy-Schenectad | dy Road | | | <u> </u> | | (518) 713-5400 | |
| US | Suite 100 Latham | NY 12110 | | | | | Business code (see instructions) 521111 | |
| 3a | | d address (If same as plan employer, | enter "Same") | | | | Administrator's EIN | ~ |
| | Same | | , | | | | | |
| | | | | | F | 3c 4 | Administrator's telephone number | |
| | | | | | | , | tarring ator o telephone named | • |
| | | | | | | | | |
| 4 | If the name and/or EIN of the | plan sponsor has changed since the laber from the last return. Sponsor's Nan | ast return/repo | ort filed for this | plan, enter the | 4b E | EIN · | |
| | name, Em and the plan num | ber from the last return. Sportsor's real | 16 | | | 4c F | PN | |
| 5a | Total number of participants a | at the beginning of the plan year | | | | 5a | 20 | |
| b | · · | at the end of the plan year | | | i i | 5b | 19 | |
| C | | with account balances as of the end of | • | • | | . | | |
| _ | | · · · · · · · · · · · · · · · · · · · | | | | 5c | 19 Elv. Ch | |
| | • | during the plan year invested in eligible | | | | • • | Yes N | 40 |
| b | Are you claiming a waiver of the lander 29 CFR 2520 104-462 | the annual examination and report of a (See instructions on waiver eligibility a | in inaepenaer nd conditions | it quaimed put | | | X Yes | 10 |
| | | her 6a or 6b, the plan cannot use Fo | | | | | | |
| P: | art III Financial Infor | mation | | | · · · · · · · · · · · · · · · · · · · | | | |
| 7 | Plan Assets and Liabilities | | | (a) B | eginning of Year | | (b) End of Year | |
| a | Total plan assets | | . 7a | | 404,951 | <u>† </u> | 744,843 | |
| _ | Total plan liabilities | | 7h | | 0 | | 0 | |
| С | Net plan assets (subtract line | 7b from line 7a) | _ | | 404,951 | | 744,843 | |
| 8 | | | | | | | (b) Total | |
| a | Income, Expenses, and Tran Contributions received or rec | | | | (a) Amount | | (b) Total | |
| а | | eivable nom. | . 8a(1) | | 132,893 | | | |
| | * * * * * | | . 8a(2) | | 63,625 | | | |
| | , , | rs) | . 8a(3) | | 0 | | | |
| b | ., | • | . 8b | | 156,269 | | | |
| C | • • | , 8a(2), 8a(3), and 8b) | | | - | | 352,787 | |
| ď | | t rollovers and insurance premiums | | | | | | |
| | | | . 8d | | 6,968 | | | |
| е | Certain deemed and/or corre | ective distributions (see instructions) . | | | 0 | | | |
| f | | lers (salaries, fees, commissions) | ****** | | 0 | | | |
| g | | | | | 5,927 | | | |
| h | • | I, 8e, 8f, and 8g) | | | | | 12,895 | 5 |
| 11 | , , | - | | | | | 339,892 | |
| : | | ne 8h from line 8c) | . 8i | | | | | |
| | transfers to (from) the plan (| (see instructions) | • 1 OI | 1 | | | | |

| | Form 5500-SF (2009) | Pag | je 2- | | | | | | |
|--|---|--------------------------|----------------------|------------|--|---------|---|-----------------|-------------|
| Par | IV Plan Characteristics | | | | | | | | |
| 9a | f the plan provides pension benefits, enter the applicable pension feature | codes from the List | of Plan Character | istic C | Codes i | n the i | nstructions: | | |
| h | 2E 2G 2A 2J 2F 3B | and an from the List o | f Plan Characteris | tio C | ndee in | the in | etructione: | | |
| D | f the plan provides welfare benefits, enter the applicable welfare feature | codes from the List o | i Pian Gharactens | illo Ot | Jues III | uie iii | structions. | | |
| Par | V Compliance Questions | | , | | | | *************************************** | | |
| 10 | During the plan year: | , | | | Yes | No | A | mount | |
| а | Was there a failure to transmit to the plan any participant contribution v | vithin the time period | described in | 4.0 | | x | | | |
| h | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Do | | | 10a | | | | | |
| b | on line 10a.) | | | 10b | | x | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | x | | | | 25,000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fideli | | | | | | | | |
| | or dishonesty? | | | 10d | | Х | , | | |
| е | Were any fees or commisions paid to any brokers, agents, or other per | rsons by an insurance | carrier, | | | | | | |
| | insurance services or other organization that provides some or all of th instructions.) | | | 10e | | х | | | · · · · · · |
| f | Has the plan failed to provide any benefit when due under the plan? . | | | 10f | | х | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of | year end.) | | 10g | | х | | | |
| h | If this is an individual account plan, was there a blackout period? (See | instructions and 29 C | FR | | | х | | | |
| | 2520.101-3.) | | | 10h | | | | | |
| ı | If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | 10i | | | | | |
| Par | VI Pension Funding Compliance | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements | s? (If "Yes," see instru | ictions and compl | ete S | chedul | e SB (I | orm - | Yes | X No |
| 42 | 5500)) | | | | | | | | |
| 12 | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable | | 12 of the code of | 3000 | 1011 002 | OI LIV | | | |
| а | If a waiver of the minimum funding standard for a prior year is being a | | ear, see instruction | ons, a | and ent | er the | date of the I | etter ruling | |
| | granting the waiver | | Moi | nth | | Day | / | Year | |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB | | | | Г | 12b | | | |
| b | Enter the minimum required contribution for this plan year | | | | 1 | 12c | | | |
| d | Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the | | | | • | | | | |
| u | negative amount) | | | | . [| 12d | <u> </u> | | |
| е | Will the minimum funding amount reported on line 12d be met by the | funding deadline? . | | • • | | | Yes | No | □N/A |
| Par | VII Plan Terminations and Transfers of Assets | | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted during the plan y | | | | | | T | Yes | x No |
| | If "Yes," enter the amount of any plan assets that reverted to the emp | | | | | 13a | <u> </u> | | |
| k | Were all the plan assets distributed to participants or beneficiaries, tra | | lan, or brought ur | ider ti | he conf | irol | | . \square Yes | x No |
| c | | | an(s), identify the | plan(| s) to | | | <u></u> | |
| | which assets or liabilities were transferred. (See instructions.) | | | | | | | <u> </u> | |
| | 13c(1) Name of plan(s): | | | - | 1; | 3c(2) E | EIN(s) | 13c(3) | PN(s) |
| | | | | | | | | | |
| | | | | 1 | ······································ | | | | |
| | | | | | | | | | |
| | ion: A penalty for the late or incomplete filing of this return/report w | | | | | | | | |
| Und | er penalties of perjury and other penalties set forth in the instructions, I d | eclare that I have exa | mined this return | /repoi | rt, inclu | ding, i | f applicable, | a Schedule | • |
| | r Schedule MB completed and signed by an enrolled actuary, as well as f, it is true, porrect, and completer. | the electromic version | i or uns return/rep | ort, a | aru to t | ile nes | a or my knov | wieuge and | |
| | on Frank L. Longuese | 8/19/18 | Frank | L | . Ge | MOV | ese, MD | | |
| 375.00 | RE Signature of plan administrator | Date | Enter name of ir | | | | | | |
| QI | on trank 1. Lenouse | 8/10/10 | Frank | <u>L</u> . | G | enov | rese, MI |) | |
| 1000000 | RE Signature of employer/plan sponsor | Date | Enter name of ir | ndivid | ual sigi | ning as | s employer o | r plan spon | sor |
| - CENTRAL SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AD | | | | | | | | | |