Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

> ▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2009

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Part I	Annual Report Iden	tification Information					
For cale	ndar plan year 2009 or fiscal p	plan year beginning 01/01/2009		and ending 12/31/	2009		
A This	return/report is for:	a multiemployer plan;	a multip	e-employer plan; or			
		X a single-employer plan;	a DFE (s	specify)			
B This	return/report is:	the first return/report;	the final	return/report;			
		an amended return/report;	a short p	olan year return/report (less t	than 12 months).		
C If the	plan is a collectively-bargaine	ed plan, check here					
	k box if filing under:	X Form 5558;	_	ic extension;	the DFVC program;		
D Onco	K box ii iiiiiig dildei.	special extension (enter de		,			
Dort	II Pacia Blan Inform						
Part	ne of plan	nation—enter all requested inform	lation		1b Three-digit plan		
	NAIK, M.D. 401(K) PLAN				number (PN) ▶	001	
7.07.07.					1c Effective date of pla	an	
					01/01/1987		
	•	s (employer, if for a single-employer	plan)	2b Employer Identif			
,	ress should include room or s NAIK, M.D., PLLC	suite no.)		Number (EIN) 33-1130466			
ASHOR	IVAIR, W.D., I LLO				2c Sponsor's telephon	e	
					number		
4156 W	MAIN ST RD	ASHOK N	NAIK, M.D., PLLC		585-344-0871 2d Business code (see		
BATAVI	A, NY 14020	4156 W N	4156 W MAIN ST RD BATAVIA, NY 14020			9	
		BATAVIA					
	•	complete filing of this return/repo					
		enalties set forth in the instructions, as the electronic version of this retur					
Otatomo:	no and attaorimonto, ao won e				Shor, it is true, sorrest, and some		
SIGN	Filed with authorized/valid ele	ectronic signature.	09/02/2010	PHYLLIS RIMKUS			
HERE							
	Signature of plan adminis	trator	Date	Enter name of individual s	signing as plan administrator		
SIGN							
HERE							
	Signature of employer/pla	n sponsor	Date	Enter name of individual s	signing as employer or plan spe	onsor	
SIGN							

Signature of DFE Date Enter name
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009) v.092307.1

Enter name of individual signing as DFE

	Form 5500 (2009)	Page	2		
	Plan administrator's name and address (if same as plan sponsor, enter "Same HOK NAIK, M.D., PLLC	e")			ministrator's EIN 1130466
	6 W MAIN ST RD FAVIA, NY 14020			nu	ministrator's telephone mber 5-344-0871
4	If the name and/or EIN of the plan sponsor has changed since the last return/the plan number from the last return/report:	report filed for this	s plan, enter the name, EIN	and	4b EIN
а	Sponsor's name				4c PN
5	Total number of participants at the beginning of the plan year			5	3
6	Number of participants as of the end of the plan year (welfare plans complete	only lines 6a, 6b	, 6c , and 6d).		
а	Active participants			6a	3
b	Retired or separated participants receiving benefits			6b	C
С	Other retired or separated participants entitled to future benefits			6c	C
d	Subtotal. Add lines 6a, 6b, and 6c			6d	3
е	Deceased participants whose beneficiaries are receiving or are entitled to receiving	eive benefits		6e	C
f	Total. Add lines 6d and 6e			6f	3
g	Number of participants with account balances as of the end of the plan year (complete this item)			6g	3
h	Number of participants that terminated employment during the plan year with less than 100% vested			6h	(
7	Enter the total number of employers obligated to contribute to the plan (only r	multiemployer pla	ns complete this item)	7	
	If the plan provides pension benefits, enter the applicable pension feature code 2E 2G 2J 2R 3B 3D the plan provides welfare benefits, enter the applicable welfare feature codes				
	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are att	(1) (2) (3) (4)	t arrangement (check all tha Insurance Code section 412(e)(3) in Trust General assets of the spere indicated, enter the numb	nsurand	e contracts

b General Schedules

(1)

(2)

(3)

(4)

(5)

(6)

H (Financial Information)

A (Insurance Information)C (Service Provider Information)

I (Financial Information – Small Plan)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

a Pension Schedules

(1)

(2)

(3)

R (Retirement Plan Information)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Information—Small Plan

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

Perision Benefit Guaranty Corporation				inspection
For calendar plan year 2009 or fiscal plan year beginning	01/01/2009	and ending 12	/31/2009	
A Name of plan ASHOK NAIK, M.D. 401(K) PLAN		B Three-digit plan number (PN)	>	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASHOK NAIK, M.D., PLLC		D Employer Identificati 33-1130466	on Numbe	er (EIN)

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I | Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	632489	735327
b	Total plan liabilities	. 1b	0	0
С	Net plan assets (subtract line 1b from line 1a)	1c	632489	735327
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)	2859	
	(2) Participants	. 2a(2)	22000	
	(3) Others (including rollovers)	. 2a(3)	0	
b	Noncash contributions	. 2b	0	
С	Other income	. 2c	81873	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		106732
е	Benefits paid (including direct rollovers)	. 2e	0	
f	Corrective distributions (see instructions)	. 2f	0	
g	Certain deemed distributions of participant loans (see instructions)	. 2g	0	
h	Administrative service providers (salaries, fees, and commissions)	. 2h	3894	
i	Other expenses	. 2i	0	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		3894
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		102838
	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
	Real estate (other than employer real property)		X		228436
d	Employer securities	3d		X	
	Participant loans	3e		X	

Schedule I (Form 5500) 2009	Page 2- 1

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			Yes	No	Amo	ount
3f	Loans (other than to participants)	3f		X		
g	Tangible personal property	3g		Χ		_
Pa	rt II Compliance Questions				,	
4	During the plan year:		Yes	No	Am	ount
а	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.)	4a		X		
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X		
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X		
е	Was the plan covered by a fidelity bond?	4e	X			300000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X		
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X		
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X			
ı	Has the plan failed to provide any benefit when due under the plan?	41		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		Х		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 🗌 Ye	es 🛚 N	lo i	Amount:	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id transferred. (See instructions.)	entify t	he plan	(s) to w	hich assets or lia	bilities were
	5b(1) Name of plan(s)			5b(2)	EIN(s)	5b(3) PN(s)

Form 5500	Annual Return/Report of Employ	ee Benefit Plan	OMB No	s. 1210-01 1210-00
B	This form is required to be filed for employee benefit to			1210 00
Department of the Treasury Internal Revenue Service	and 4065 of the Employee Retirement Income Security sections 6047(e), and 6058(a) of the Internal Reve.			
Department of Labor Employee Benefits Security Administration	Complete all entries in accordance		2009	
Pension Benefit Guaranty Corporation	และแอกรณ์ และ ความ 32		This Form is Open to inspection	Public
	Identification information			
For the calendar plan year 200	9 or fiscal plan year beginning 01/01/2009	and ending 12/3	1/2009	
A This return/report is for.	a multiemployer plan;	a multiple-employer	plan; or	
	🗷 a single-employer plan;	a DFE (specify)		
B This return/report is:	the first return/report;	The final return/repor	rt:	
- 1110 10101111105011101	an amended return/report;	= '	tum/report (less than 12 mo	nths).
C If the plan is a collectively-barg	ained plan, check bere	<u> </u>		. ▶∏
D Check box if filing under:	Form 5558:	automatic extension	the DFVC pro	gram:
	special extension (enter description)			•
Part II Basic Plan Info	rmation enter all requested information.			
1a Name of plan			16 Three-digit plan	
ASHOR NAIR, M.D. 40	1(R) PLAN		number (PN) ▶	001
			16 Effective date of plan 01/01/1997	
2a Plan sponsors name and ad	dress (employer, if for a single-employer plan)		2b Employer Identification	n
(Address should include room	n or sulte no.)		Number (EIN)	
ASHOK MAIK, M.D., P	IIC		33-1130466	
			2¢ Sponsor's telephone	
			number	
			(585) 344-0871	
4156 W MAIN ST RD			2d Business code (see	
	44000		instructions) 621111	
US BATAVIA	NY 14020		921111	
aution: A penalty for the late or	incomplete filing of this return/report will be assessed	uniess reasonable cause is	established.	
Inder penalties of perjury and othe tatements and attachments, as we	r penalties set forth in the instructions. I declare that I have all as the electronic version of this return/report, and to the b	examined this return/report, in lest of my knowledge and beli	ncluding accompanying sche ef, it is true, correct, and con	edules, nplete.
SIGN HERE	Web - Flasta 8/20/10	ASHOR NAIR, M.D.		

Date

Date

Date

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

Signature of plan administrator

Signature of DFE

Signature of employer/plan sponsor

nla

SIGN HERE

SIGN HERE

> Form 5500 (2009) v.092307.1

Enter name of individual signing as plan administrator

Enter name of individual signing as DFE

Enter name of individual signing as employer or plan sponsor

_	Form 5500 (2009)				Page Z		
3a	Plan administrator's name and address (if same as plan sponsor, enter *Same	ame*)				3b	Administrator's EIN
	or Camera						Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last retu	rn/repo	rt filed) fo	r this plan, enter the name, EIN 6	and	4b EIN
a	the plan number from the last return/report: Sponsor's name						4c PN
5	Total number of participants at the beginning of the plan year					5	
6	Number of participants as of the end of the plan year (welfare plans complete					 •	
•	number of participants as of the end of the plan year (wallare plans comple	ole Unity	111163	ua,	ob, oc and obj		1
a	Active participants			•		6a	3
þ	Retired or separated participants receiving benefits			•		6b	
C	Other retired or separated participants entitled to future benefits			•		6c	0
d	Subtotal. Add lines 6a, 6b and 6c . ,					6d	3
e	Deceased participants whose beneficiaries are receiving or are entitled to re	ecelve I	penefi	ts		6e	0
f	Total. Add lines 6d and 6e					6f	3
-	Number of participants with account balances as of the end of the plan year complete this item)	(only d	lefine	d c	ontribution pians	6g	3
	Number of participants that terminated employment during the plan year with 100% vested					6h	0
	Enter the total number of employers obligated to contribute to the plan (only					7	
Ba	If the plan provides pension benefits, enter the applicable pension feature of	codes fi	rom th	e l	lst of Plan Characteristic Codes	In the	instructions:
	2E 2G 2J 2R 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature co	1					
] 2	Plan funding arrangement (check all that apply)	95		be	nefit arrangement (check all that	apply)
	(1) Insurance		(1)	Н	Insurance		
	(2) Code section 412(e)(3) insurance contracts (3) Trust		(2)	F	Code section 412(e)(3) insurant	ce con	tracts
	(3) KE Trust (4) General assets of the sponsor		(3)	×	Trust General assets of the sponsor		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are	etteche	(4)	4		- ottor	thed (See instructions)
			O, 2011	J, Y	mere included, enter the numbe	# auac	ned. (See Instructions)
	Pension Schedules	b		era	l Schedules		
	(1) R (Retirement Plan Information)		(1)	Н	H (Financial Informat	•	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	M	i (Financial informati		mall Plan)
	Purchase Plan Actuarial Information) - signed by the plan		(3)	Н	A (Insurance Informa		
	actuary		(4)	Н	C (Service Provider I		•
	 SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary 		(5) (6)	H	D (DFE/Participating G (Financial Transact		

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Genefite Security Administration

Financial Information -- Small Plan

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

► Flie as an attachment to Form 5500.

OMB No. 1210-0110 2009

This Form is Open to Public

	Pension Benefit Guaranty Corporation						паресион.
F	or calendar plan year 2009 or fiscal plan year beginning	01/01/2009	and ending		12/31/2009		
A	Name of plan		[[В	Three-digit		
	ASHOR NAIK, M.D. 401(R) PLAN		L		plen number	>	001
C	Plan sponsor's name as shown on line 2a of Form 5500		į į	D	Employer ident	lficat	Ion Number (EIN)
_	ASHOK NAIR, M.D., PLLC				33-1130466		

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an incurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately meintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	1a	632.489	735,327
b	Total plan liabilities	1b	O	0
C	Net plan assets (subtract line 1b from line 1a)	16	632,489	735,327
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a	Contributions received or receivable			
	(1) Employers	2a(1)	2.859	
	(2) Participants	2a(2)	22,000	
	(3) Others (including rollovers)	2a(3)	0	
b	Noncash contributions	2b	0	
C	Other income	2¢	81,873	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		106.732
e	Benefits paid (including direct rollovers)	2e	0	
f	Corrective distributions (see instructions)	2f	0	
g	Certain deemed distributions of participent loans	· .		
•	(see instructions)	2g	0	
h	Administrative service providers (salaries, fees, and commissions)	2h	3,894	
1	Other expenses	2i	0	
j	Total expenses (add lines 2e, 2f, 2g, 2h and 2l)	2]		3,894
k	Net income (loss) (subtract line 2) from line 2d)	2k	F	102,838
Î	Transfers to (from) the plan (see instructions)	21	[**	

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yee" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a	Partnership/joint venture interests		ж	
b	Employer real property		X	
	Real estate (other than employer real property)	X		228,436
d	Employer securities		X	
8	Participant loans		X	

	Schedule I (Form 5500) 2009	Pag	e 2-					
			Yes	No	Amount			
3f	Loans (other than to participants)	31		X				
g	Tangible personal property	3g		x				
9		_يوت		-l				
Part	li Compliance Questions			•	· · · · · · · · · · · · · · · · · · ·			
4	During the plan year:		Yes	No	Amount			
a	Was there a failure to transmit to the plan any participant contributions within the time period		1.00	1,10				
	described in 29 CFR 2610.3-102? Continue to answer "Yes" for any prior year failures until fully			1 1				
	corrected. (See Instructions and DOL's Voluntary Fiduciary Correction Program)	4a		X				
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan]						
	year or classified during the year as uncollectible? Disregard participant loans secured by the	4b		l x				
	participants' account balance	40		 ^ -				
C	Were any leases to which the plan was a party in default or classified during the year as	1		1 _ 1				
	uncollectible?	4c	-	X				
đ	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	1		1_				
	reported on line 4a.)	4d		X				
0	Wee the plan covered by a fidelity bond?	4e	X	-	300,000			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by	١						
	fraud or dishonesty?	4f	.	X				
g	Did the plan hold any assets whose current value was neither readily determinable on an established							
	market nor set by an independent third party appraiser?	4g		X				
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an			1 1				
	established market nor set by an independent third party appraiser?	4h		X				
i	Old the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcal							
	of real estate, or partnership/joint venture interest?	41		X_				
i	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan,							
•	or brought under the control of the PBGC?	4		x				
k	Are you claiming a walver of the annual examination and report of an independent qualified public							
	accountant (IQPA) under 29 CFR 2520.104-467 If "No", attach the IQPA's report or 2520.104-50	J	_					
	etatement. (See Instructions on waiver eligibility and conditions.)	4k	X					
1	Has the plan failed to provide any benefit when due under the plan?	41		X				
m	If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR							
	2520.101-3.)	<u>4m</u>		X				
П	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of	1 1						
	the exceptions to providing the notice applied under 28 CFR 2520.101-3	<u> 4n </u>		<u> </u>	****			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?		_					
	if "Yes," enter the amount of any plan assets that reverted to the employer this year \dots \dots \square Y	es X	No	Amount:				
5b	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.)							
	5b(1) Name of plan(s)	5b	5b(2) EIN(a) 5b(3) PN(a)					
_								