	Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service					2009					
Er	Department of Labor         This form is required to be filed under sections 104 and 4065 of the Employe           Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).					This Form is Open to Public					
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550						Inspection					
Pa	Part I Annual Report Identification Information										
For	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009										
Α -	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan					
<b>B</b> <sup>-</sup>	This return/report is for:	n/report									
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)						
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program					
	special extension (enter description)										
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation								
	Name of plan				1b	Three-digit					
EDW	ARD EZRICK, M.D. PENSION I	PLAN				plan number (PN) ▶ 001					
					1c	Effective date of plan					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 11-2827383					
	AVENUE L				2c	Plan sponsor's telephone number 718-338-0333					
	OKLYN, NY 11210				2d	Business code (see instructions) 621111					
	Plan administrator's name and ARD EZRICK, M.D.	address (if same as Plan sponsor, er 2806 AVENU	EL		3b	Administrator's EIN 11-2827383					
		BROOKLYN,	NY 11210	)	3c Administrator's telephone 718-338-0333						
4 If the name and/or EIN of the plan sponsor has changed since the las				port filed for this plan, enter the	4b	EIN					
ſ	name, EIN, and the plan humbe	r from the last return/report. Sponso		4c	PN						
5a	Total number of participants at	the beginning of the plan year		5a	4						
b	Total number of participants at	the end of the plan year			5b	0					
C	· · ·	th account balances as of the end of			5c	0					
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		Yes No					
b		e annual examination and report of a									
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo				X Yes No					
Pa	rt III Financial Informa										
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan assets		7a	1200499	)	0					
b	Total plan liabilities		7b								
C	Net plan assets (subtract line 7	b from line 7a)	7c	1200499	)	0					
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or recei		8a(1)								
<ul><li>(1) Employers</li><li>(2) Participants</li></ul>		8a(2)	(								
(2) Others (including rollovers)		8a(3)	(	-							
b		e (loss)			-						
С		8a(2), 8a(3), and 8b)	8b 8c			0					
d	Benefits paid (including direct r	ollovers and insurance premiums									
to provide benefits)			8d	(	-						
e Certain deemed and/or corrective distributions (see instructions)			8e	0	-						
1	•	s (salaries, fees, commissions)		(	-						
g h	•	3e, 8f, and 8g)	8g 8h		,	0					
;		8 8h from line 8c)				0					
j		e instructions)	8j	-1200499	,						
-				1200400							

Page 2-1

## 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: 2C 2G 3B 3E 2F
- **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								
10	During the plan year:		Yes	No	Amount				
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	Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in line 10a.)			x					
С	Was the plan covered by a fidelity bond?	10c	Х				1	00000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
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.)								
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 CFR 2520.101-3.)	10h		x					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								
12	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	ERISA?		Yes	× No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	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								
lf y	ou 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					
С	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 energative amount)		[	12d					
е	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?					X	Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
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.)									
1	<b>3c(1)</b> Name of plan(s):	13c(2) EIN(s)			1:	3c(3)	PN(s)		
EDWARD EZRICK, MD 401(K) RETIREMENT PLAN				11-2827383 00			002		
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	ise is i	establi	ished				

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.	10/11/2010	STEVEN GREENBAUM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	Form 5500-SF Short Form Annual Return/Report of Small Employee									
	Department of the Trainury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee					2009				
 Ér	Department of Labor         Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Employee Banetils Security Administration           Employee Banetils Security Administration         Internal Revenue Code (the Code).					This Form is Open to Public				
ج ا	ension Benefit Guaranty Corporation	)-SF,	Ins	pection						
		lentification Information	01/01/2	009 and ending			<u></u>			
	calendar plan year 2009 or fisca		12/31/200							
_	A This return/report is for: X single-employer plan I multiple-employer plan (not multiemployer) B This return/report is for: I first return/report X final return/report						nt plan			
в	This return/report is for:	18								
~	Observations of the second second	iths)		_						
<b>.</b>	Check box if filing under:	K Form 5558 [ special extension (enter descript		extension		DFVC progra	111			
P	Art II Basic Plan Inform	nation-enter all requested inform								
	Name of plan		паџоп		1b	Three-digit				
	EDWARD EZRICK, M.D.	PENSION PLAN				(IPN)	001			
					4-	· · · · · · · · · · · · · · · · · · ·				
					1c	plan				
<b>2a</b>	Plan sponsor's name and addre	ess (employer, if for single-employe	er plan)	, , , , , , , <u>, , , , , , , , , , , , </u>		Employer Identif				
	ADVIND MORIOR, M.D.	•				(EIN) 11-282	And Address of the Owner of the O			
	2806 AVENUE L				20	(718)338~0	elephone number 333			
					2d	Business code (: 621111	ee instructions)			
	BROOKLYN Plan administrator's name and	address (If same as Plan sponsor,	enter "Same	NY 11210	3h					
	SANE		ontor Oann	<i>≃ γ</i>	3b Administrator's EIN					
					3c Administrator's telephone number					
4	f the name and/or EIN of the pla	In sponsor has changed since the 1	ast return/re	port filed for this plan, enter the	4b EIN					
		r from the last return/report. Spons			40 PN					
59	50 Total number of secilationals at the busiles of the slow uses						· · · · · · · · · · · · · · · · · · ·			
	<ul> <li>5a Total number of participants at the beginning of the plan year</li> <li>b Total number of participants at the end of the plan year</li> </ul>									
c										
	complete this item)				<u>5c</u>		0			
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.)									
b	under 29 CFR 2520,104-46? (	te annual examination and report of See Instructions on waiver eligibility	if an indepe and conditi	ndent qualified public accountant (IQ ions.)	PA)		🕱 Yes 🗍 No			
·	If you answered "No" to eith	<u>er 6a or 6b, the plan cannot use l</u>	<u>Form 5500-</u>	SF and must instead use Form 550	0,					
	rt III   Financial Informa	ation								
́а	Plan Assets and Liabilities			(a) Beginning of Year 1,200,49	_	(b) End (				
b				1,600,49	<b>"</b>		0			
		b from line 7a)		1,200,49			0			
8	Income, Expenses, and Transf		······································	(a) Amount						
a	Contributions received or received	vable from;	<u> </u>		1	(b) To	/14]			
				·	)   	• . • •				
					1	• • • •				
þ					기 : 					
C		Ba(2), 8a(3), and 8b)		·····	<b>'</b>	· · · · · · · · · · · · · · · · · · ·	<u>.</u>			
đ	Benefits paid (including direct n	ollovers and insurance premiums	<u></u>	<u> </u>	1.	<u>.</u>				
_	to provide benafits)		., 8d . 80	(	게 . : :	•				
e f	Certain deemed and/or corrective distributions (see instructions)				1	••••	• •			
f Administrative service providers (salaries, fees, commissions) g Other expenses				(	∦ 	•				
g h		ie, 8f, and 8g)			<u>/</u>					
ĩ		8h from line 8c)		<u>in a state de la servició de la serv</u>			0			
j		e instructions)		(1,200,499)		<del></del>				
For F		OMB Control Numbers, see the instructi		8800-9F.	متنسبا	ingen de state en sant sie de s I	orm 5500-SF (2009) v.092308.1			

	Form 5500-SF 2009		Page 2-							
Par	IV Plan Characteristics	<u></u>	· · · · · · · · · · · · · · · · · · ·					<del></del>	<del></del>	
	Same of the plan provides pension benefits, onter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:           X         2C         2G         3B         3E         2F									
þ	If the plan provides welfare benefits, enter the applicable welfare f	feature codes from	the List of Plan Char	acteria	tic Co	des in	the Instru	ictions;	:	
Parl	V Compliance Questions	•••	<del>*</del>		<del>~~</del>					
10	During the plan year:				Yes	No	T	Amo	mnt	
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	Iclary Correction P	rogram)	10a		x	<u> </u>			
b	Were there any nonexempt transactions with any party-In-interest on line 10a.)	10ь		x	1					
Ċ	Was the plan covered by a fidelity bond?		•••••••	10c	X				10	00,000
đ	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, that y	vas caused by fraud	10d		x	 			· · · · · · · · · · · · · · · · · · ·
ø	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	nsurance carrier, er the plan2 (See	100		x			••		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g	P	x			<u></u>	
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	See Instructions a	nd 29 CFR	109 10h		x				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required notice r	r one of the	10)				 7	<u></u>	· · · ·
Part		***	<u></u>				<u>ور پر خن محمد ا</u>	<u></u>	<u> </u>	<del></del>
11	Is this a defined benefit plan subject to minimum funding requirements (500))	ents? (if "Yes," see	Instructions and com	plete (	Sched	ule SE	(Form		Yes	X No
12	Is this a defined contribution plan subject to the minimum funding i	requirements of se	ction 412 of the Code	OT SE	ction 3	02 of 1	ERISA?	#	Yes	
(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.										
	on completed mile 128, 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				
c d	Enter the amount contributed by the employer to the plan for this pl Subtract the amount in line 12c from the amount in line 12b. Enter t negative amount)	the result (enter a .	alian a sina in tha laft.			12c 12d		<u></u>	<u> </u>	
е	Will the minimum funding amount reported on line 12d be met by th	n funding de estina			L		7	<u> </u>	·	T
Part	VII Plan Terminations and Transfers of Assets	ie tunding deadline	<u> </u>			<u> </u>	Yes		<u> </u>	N/A
	Has a resolution to terminate the plan been adopted during the plan	• • • • • • • • • • • • • • • •							<u> </u>	·
	If "Yes " enter the amount of any plan account bot reported to the	o year or any prior	year?					_ <u>×</u>	Yes	
b	If "Yes," enter the amount of any plan assets that reverted to the en Were all the plan assets distributed to participants or beneficiaries, of the PBOC2	transferred to one	hor dan an base white			13a				U
	If during this plan year, any assets or liabilities were transferred from	****				п(го) 		X	Yes	🗍 No
1:	<pre>which assets of nationales were transferred. (See instructions.) c(1) Name of plan(s);</pre>	·			<u></u>					
EDWA	RD EZRICK, MD 401(K) RETIREMENT PLAN		· · · · · · · · · · · · · · · · · · ·	13c(2) EIN(s) 13c(3) Ph					PN(\$)	
					11-2827383 002				2	
Cauti	on: A genalty for the late or incomplete filing of this return/repo									
SB or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	A standard divergent						ible, a knowle	Scher Idge a	dule and
SIGN	Alex En Me WILLO HELEN EZRIC			CR						
HERE	Signature of plan administrator Deter Enter name of Inc.				l sinnt	00 00	hian ad-	n		
SIGN		N/1/10	EDWARD EZRI	ĊK,	M.D	•	<u>yları a</u> dını	mstrate	<u>ər</u>	
HERE	Signature of employer/plan sponsor	Date	Enter name of Inc	llvidua	il signi	ng as	emplover	or plar		nsor