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 sections 6057(b) and 6058(a) of

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public the Internal Revenue Code (the Code). Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

P	art I Annual Report Id	lentification Information					
For	calendar plan year 2011 or fisca	al plan year beginning 01/01/2011	1	and ending 12	2/31/2	2011	
Α	This return/report is for:	🛚 a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-partici	oant plan
В	This return/report is:	the first return/report	the final re	eturn/report			
	· [an amended return/report	a short pla	n year return/report (less than 12 mor	nths)		
С	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	m
	[special extension (enter descriptio	n)				
Pa	art II Basic Plan Inforr	nation—enter all requested informa	,				
	Name of plan				1b	Three-digit	
		ERY ASSOCIATES, P.C. 401(K) PL	AN			plan number	
				_		(PN) ▶	001
					1C	Effective date o	
22	Plan enoneor's name and addr	ess; include room or suite number (er	mployer if	for a single-employer plan)	2h	Employer Identi	
NEW	/ YORK SPINE & NEUROSURO	BERY ASSOCIATES, P.C.	inployer, ii	Tot a single employer plant	20		90854
					2c	Sponsor's telep	hone number
1182	TROY-SCHENECTADY ROAD					518-71	
SUIT	E 100 HAM, NY 12110				2d		see instructions)
	,					62111	-
	Plan administrator's name and YORK SPINE & NEUROSURG	address (if same as plan sponsor, en ERY ASSOCIATES, 1182 TROY-S			3b	Administrator's 20-05	EIN 90854
P.C.		SUITE 100 LATHAM, NY			3c	Administrator's	elephone number
		LATHAW, NY	12110			518-713	
4		plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN	
а	name, EIN, and the plan numb Sponsor's name	er nom the last return/report.			4c	PN	
	· · · · · · · · · · · · · · · · · · ·	the beginning of the plan year			5a		18
b	Total number of participants at	the end of the plan year		<u> </u>	5b		(
С		count balances as of the end of the p		<u> </u>	0.0		
				•	5c		(
				(See instructions.)			X Yes No
b		ne annual examination and report of a See instructions on waiver eligibility a		dent qualified public accountant (IQP	,		X Yes □ No
	•	0,		SF and must instead use Form 550			
Pa	rt III Financial Informa	ation					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
а	Total plan assets		7a	955714			0
b	Total plan liabilities		7b	0			0
С	Net plan assets (subtract line 7	7b from line 7a)	7c	955714			0
8	Income, Expenses, and Transf			(a) Amount		(b) 1	otal
а	Contributions received or received	vable from:	8a(1)	2716			
	`, ',		8a(2)	2053	-		
)	8a(3)	0	-		
h	• • • • • • • • • • • • • • • • • • • •	<i></i>		15074	-		
c	, ,	8a(2), 8a(3), and 8b)	8c				19843
d	, , , ,	rollovers and insurance premiums	- 55				
	to provide benefits)		8d	970866			
е		tive distributions (see instructions)	8e	0			
f	Administrative service provider	rs (salaries, fees, commissions)	8f	4691			
g	Other expenses		8g	0			
h		8e, 8f, and 8g)	8h				975557
į	, , ,	e 8h from line 8c)	8i				-955714
j	Transfers to (from) the plan (se	ee instructions)	8j	0			

Form	5500-	SF	201

Page	2	-	,		
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Part IV	Plan	Characte	aristics
ralliv	- FIAII	Guaraci	ยเอแรอ

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

	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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
	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					20000
	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				
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
	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						
rt \	VI Pension Funding Compliance		<u> </u>					
l	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	X N
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	V N
	, , , , , , , , , , , , , , , , , , , ,			3UZ 01 E			100	X N
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		CHOITC	002 01 1	-INIOA:] 100	N N
а	(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 instrugranting the waiver. Mon	ctions,	and e	nter th	e date	of the le	etter ru	ling
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions,	and e	nter th	e date	of the le	etter ru	ling
a fy	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	ctions, nth	and e	nter th	e date	of the le	etter ru	ling
a If y b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions, nth	and e	enter th Day ₋	e date	of the le	etter ru	ling
a fy b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions,	and e	nter th Day	e date	of the le	etter ru	ling
a fy b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	nter th Day 12b 12c 12d	e date	of the le	etter ru	ling
a lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Morou 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	and e	nter th Day 12b 12c 12d	e date	of the le	etter ru	ling
a lfy b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions,	and e	12b 12c 12d	e date	of the le	etter ru	ling
a lf y b c d e rt \	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	e date	of the le	etter ru	ling
a lfy b c d e rt\	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d 	e date	of the le	etter ru	ling
a If y b c d e rt \ a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	e date	of the le	etter ru	ling
a If y b c d e rt \ a c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	Yes	of the le	No Yes	ling
a If y b c d e rt \ Ba b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	Yes	of the le	No Yes	ling

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/15/2012	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.	05/15/2012	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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P	Part I Annual Report Identification Informa		iance with	the instructi	ons to the Form 550	00-SF.				
_	the calendar plan year 2011 or fiscal plan year beginning	uon	01/01	/2011	and ending	12/	/31/2011			
	This return/report is for: x a single-employer plan				(not multiemployer)		a one-participant plan			
					(not matternployer)	a one participant plan				
D			the final ret	'						
	an amended return/report	님	a short plar	n year return/r	eport (less than 12 mo	onths)	1			
С	Check box if filing under: Form 5558		automatic e	extension			DFVC program			
	special extension (enter de	escription)								
P	art II Basic Plan Information enter all reque	sted inforr	nation.							
1a	Name of plan						hree-digit			
	New York Spine & Neurosurgery Associates	, P.C.	401(k)	Plan			lan number PN) ► 001			
			,				ffective date of plan			
							1/01/2005			
2a	Plan sponsor's name and address; include room or suite nur		oloyer, if for	single-employ	yer plan)	2b ∈	mployer Identification Number			
	New York Spine & Neurosurgery Associates	, P.C.				(E	EIN) 20-0590854			
							Plan sponsor's telephone number			
	1182 Troy-Schenectady Road						518) 713-5400			
	Suite 100						Business code (see instructions)			
_	Latham NY 12110		. 80 10				Administrator's EIN			
sa	Plan administrator's name and address (If same as plan spo	nsor, ente	er "Same")			3D A	administrators EIN			
						0				
						3C A	dministrator's telephone number			
4	If the name and/or EIN of the plan sponsor has changed sine	ce the last	return/repo	ort filed for this	plan, enter the	4b EIN				
а	name, EIN, and the plan number from the last return/report. Sponsor's Name					4c PN				
	Total number of participants at the beginning of the plan year	r			 	5a 18				
b						5b	0			
C	Number of participants with account balances as of the end									
_	complete this item)						0			
	Were all of the plan's assets during the plan year invested in	_					X Yes No			
b	Are you claiming a waiver of the annual examination and repunder 29 CFR 2520.104-46? (See instructions on waiver eliginal contents of the second contents of the				olic accountant (IQPA)		X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot			•						
Pa	art III Financia! Information									
7	Plan Assets and Liabilities			(a) B	eginning of Year		(b) End of Year			
а	Total plan assets		7a		955,714		0			
b	Total plan liabilities		7b		0		0			
С	Net plan assets (subtract line 7b from line 7a)		7c		955,714		0			
8	Income, Expenses, and Transfers for this Plan Year				(a) Amount		(b) Total			
a			0.445		2 716					
	(1) Employers		8a(1)		2,716					
	(2) Participants		8a(2)		2,053					
L	(3) Others (including rollovers)		8a(3)							
b	,		8b		15,074		10.042			
c			8c	REPLEMENTAL PROPERTY.			19,843			
d	to provide benefits)		8d		970,866					
е		ons)	8e		0					
f	Administrative service providers (salaries, fees, commission		8f		4,691					
g			8g		0					
h			. 8h				975,557			
i	Net income (loss) (subtract line 8h from line 8c)		. 81				(955,714)			
í	Transfers to (from) the plan (see instructions)		. 8j		0					

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		P	age z-		_			
Par	IV Plan Characteristics							
9a	f the plan provides pension benefits, enter the applicable pension fea	ture codes from the Lis	t of Plan Character	ristic (Codes	in the	instructions:	
	2A 2E 2F 2G 2J 3B 3D							
	f the plan provides welfare benefits, enter the applicable welfare feature	are codes from the List	of Plan Characters	stic C	odes i	n the ir	nstructions;	
Par	V Compliance Questions							
10	During the plan year:				Yes	No	Ar	mount
a	Was there a failure to transmit to the plan any participant contribution	ons within the time perio	od described in			х		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest? (ry Correction Program)	tions reported	10a				
	on line 10a.)			10b		х		
С	Was the plan covered by a fidelity bond?			10c	х			200,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid	delity bond, that was ca	used by fraud					
	or dishonesty?			10d		Х		
е	Were any fees or commisions paid to any brokers, agents, or other insurance services or other organization that provides some or all of	persons by an insurance	e carrier,					
	instructions.)	the benefits under the	pian (See	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 o	of year end.)		10g		х		
h	If this is an individual account plan, was there a blackout period? (Se					х		
i	2520.101-3.)			10h				
'	exceptions to providing the notice applied under 29 CFR 2520.101-3			10i				
Par	VI Pension Funding Compliance							
11	ls this a defined benefit plan subject to minimum funding requiremen 5500))							Yes X No
12	ls this a defined contribution plan subject to the minimum funding re							
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applications		TIZ OF THE GOOD OF	3000	511 502	OI LIN	10/1:	
a	If a waiver of the minimum funding standard for a prior year is being		year, see instructio	ns, ai	nd ent	er the	date of the let	tter ruling
14.	granting the waiver			th		Day	′ Y	ear
b	cou completed line 12a, complete lines 3, 9, and 10 of Schedule M Enter the minimum required contribution for this plan year				Г	12b		
C	Enter the amount contributed by the employer to the plan for this plan					12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the				•	40.1		
	negative amount)					12d		
December 5	Will the minimum funding amount reported on line 12d be met by the	e funding deadline? .	<u> </u>		· ·_		Yes	No N/A
art	0.4999							
3a	Has a resolution to terminate the plan been adopted in any plan yea				·	<u>.</u> .	· · · ·	A Yes No
	If "Yes," enter the amount of any plan assets that reverted to the em				• •	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, t of the PBGC?							X Yes No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another pl	an(s), identify the p	olan(s) to			
	3c(1) Name of plan(s):				13	3c(2) E	IN(s)	13c(3) PN(s)
auti	on: A penalty for the late or incomplete filing of this return/report	will be assessed unle	ess reasonable ca	use i	s esta	ablishe	ed.	
Jnde	penalties of perjury and other penalties set forth in the instructions, I	declare that I have exa	mined this return/r	eport	, inclu	ding, if	applicable, a	Schedule
SB or	Schedule MB completed and signed by an enrolled actuary, as well a	s the electronic version	of this return/repo	ort, an	d to th	ne best	of my knowle	edge and
1885	it is true, correct, and complete.		Emani- T C			MD		
SIG		Data States	Enter name of ind				nlan administ	trator
	- F	Date 3/1/10	Frank L. Ger				Pian administ	idoi
SHO		Data 5/1/12	Enter name of inc				employer or r	nlan enoneor
	Signature of employer/plan sponsor	Date 5/1/12.	Liner hame of mo	ividu	ai sigi	mig as	chiployer of t	Juli spolisoi