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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

| Pe | ension Benefit Guaranty Corporation | ▶ Complete all entries in accord | dance wit | h the instructions to the Form 5500 |)-SF. | | peotion |
|------------|--|--|-------------|--|--------|----------------------------|---|
| Pa | rt I Annual Repor | t Identification Information | | | | • | |
| For | calendar plan year 2009 or | | 9 | and ending 1 | 2/31/2 | 2009 | |
| A 1 | This return/report is for: | x single-employer plan | multiple-e | employer plan (not multiemployer) | | one-participar | nt plan |
| | This return/report is for: | first return/report | final retur | | | ш | · |
| | inis retuin/report is ior. | an amended return/report | | n year return/report (less than 12 mor | othe) | | |
| _ | | | | , , | 11113) | V DEVO | |
| C | Check box if filing under: | ☐ Form 5558 | | extension | | X DFVC progra | m |
| | | special extension (enter description | n) | | | | |
| Pa | rt II Basic Plan Inf | ormation—enter all requested information | ation | | | | |
| | Name of plan | | | | 1b | Three-digit | |
| 1OXA | N MEDICAL PC DEFINED E | BENEFIT PENSION PLAN | | | | plan number (PN) ▶ | 001 |
| | | | | - | 10 | \ / | l mla m |
| | | | | | 10 | Effective date of 01/01/20 | |
| 2a | Plan enoneor's name and a | ddress (employer, if for single-employer | nlan) | | 2h | Employer Identif | |
| | N MEDICAL, PC | daress (employer, il for single employer | piarij | | | (EIN) 20-2019 | |
| | | | | | 2c | | elephone number |
| 101-2 | 4 QUEENS BOULEVARD, | SUITE A | | | | 718-261 | |
| FORE | EST HILLS, NY 11375 | | | | 2d | Business code (s | see instructions) |
| 20 | Diamento de la Calenda de la c | and address (Years) as Discourses | | - 11\ | 2 h | 621510 | |
| | N MEDICAL, PC | and address (if same as Plan sponsor, en | | EVARD. SUITE A | 30 | Administrator's E | |
| , , , , | | FOREST HIL | | | 3c | | elephone number |
| | | | | | | 718-261 | |
| | | e plan sponsor has changed since the las | | port filed for this plan, enter the | 4b | EIN | |
| r | name, EIN, and the plan nur | mber from the last return/report. Sponso | r's name | | 4c | DN | |
| | Tatal accept as of a auticin and | | | | | I | |
| | | s at the beginning of the plan year | | } | 5a | | 2 |
| | , , | s at the end of the plan year | | ļ | 5b | | |
| С | | s with account balances as of the end of | | | 5c | | |
| | | to deal of the other plants of the second of | | | | | X Yes No |
| | | ets during the plan year invested in eligible of the annual examination and report of a | | | | | V les No |
| b | | 6? (See instructions on waiver eligibility a | | | | | X Yes No |
| | | either 6a or 6b, the plan cannot use Fo | | | | | |
| Pa | rt III Financial Info | rmation | | | | | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End | of Year |
| а | Total plan assets | | . 7a | 464115 | ; | | 0 |
| b | | | . 7b | 0 | 1 | | 0 |
| С | Net plan assets (subtract li | ne 7b from line 7a) | 7c | 464115 | | | 0 |
| 8 | Income, Expenses, and Tra | · | | (a) Amount | | (b) T | otal |
| | Contributions received or re | | | (a) / imount | | (2) | - Contract of the Contract of |
| | (1) Employers | | 8a(1) | 0 | | | |
| | (2) Participants | | 8a(2) | 0 | | | |
| | (3) Others (including rollov | vers) | 8a(3) | 0 | | | |
| b | Other income (loss) | | | 32647 | | | |
| С | Total income (add lines 8a) | (1), 8a(2), 8a(3), and 8b) | 8c | | | | 32647 |
| d | | ect rollovers and insurance premiums | | | | | |
| | | | . 8d | 496762 | | | |
| е | Certain deemed and/or cor | rective distributions (see instructions) | . 8e | 0 | | | |
| f | Administrative service prov | riders (salaries, fees, commissions) | . 8f | 0 | | | |
| g | Other expenses | | . 8g | 0 | | | |
| h | · | 8d, 8e, 8f, and 8g) | | | | | 496762 |
| i | | t line 8h from line 8c) | | | | | -464115 |
| i | | n (see instructions) | | 0 | | | |
| • | · / / - | • | O] | U | | | |

| Form 5500-SF 2009 | Page 2- 1 |
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| Part IV | Plan | Characteristics |
|---------|------|-----------------|
| | | |

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

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 | _ |
|---|---|--------------------------|---------|-----------------------|--------|-----------|-------------------------------|-----|
| a v | Vas 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 | | Χ | | | | |
| | Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.) | 10b | | Χ | | | | |
| ١ : | Nas the plan covered by a fidelity bond? | 10c | | X | | | | |
| | oid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud r dishonesty? | 10d | | Χ | | | | |
| ir | Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nsurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | | X | | | | |
| F | las the plan failed to provide any benefit when due under the plan? | 10f | | X | | | | |
| g D | oid the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | X | | | | |
| | this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.) | 10h | | Χ | | | | |
| | 10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | | | |
| t V | Pension Funding Compliance | | | | | | | |
| Is | this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com | plete : | Sched | سام ۹۵ | (Form | | _ | |
| | 500)) | | | | | | Yes | X |
| 5 | 500))s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | | | | | | | _ |
| 5: I: | · | | | | | | | |
| 5: (l: a If g: | s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver | e or se | ction 3 | 302 of | ERISA? | of the le | Yes etter rulir | X N |
| Si (li a If gu f you | s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver. Monutompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | e or se | ction 3 | 302 of Inter th | ERISA? | of the le | Yes etter rulir | X N |
| 55 (li 31 If gr f you | s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Monu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year. | e or se | and e | nter th Day | ERISA? | of the le | Yes etter rulir | X N |
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| 5: (Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Monu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year. Inter the amount contributed by the employer to the plan for this plan year. Under the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount). | ctions, | and e | 12b 12c | ERISA? | of the k | Yes etter rulir ar | X N |
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| SIGN | Filed with authorized/valid electronic signature. | 03/20/2013 | MICHAEL NEYSTAT |
|------|---|------------|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Filed with authorized/valid electronic signature. | 03/20/2013 | MICHAEL NEYSTAT |
| 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

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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

| For the c | alendar plan year 200 | 9 or fiscal plan year beginning | 01/01 | /2009 | and ending | 12/ | 31/2009 | |
|--|--|--|---|---|--|----------|--------------------------|---|
| | return/report is for: | x single-employer plan | | | not multiemployer) | 12/ | | Paragraphic Committee |
| | eturn/report is for | first return/report | x final return/ | | not multiemployer) | Ш | one-particip | pant plan |
| | | an amended return/report | | ear return/red | oort (less than 12 mo | onthe) | | |
| Check | k box if filing under: | Form 5558 | automatic e | | The same of the same | _ | | |
| | | special extension (enter descrip | | Aleriaion | | × | DFVC prog | ram |
| Part II | Basic Plan In | formation enter all requested | | | | | | |
| | ne of plan | enter all requested | information. | | | | | |
| AVO | N MEDICAL DO DO | | | | | 1b Th | ree-digit an number | |
| 2010 | W MEDICAL PC DE | FINED BENEFIT PENSION PLAN | 4 | | | | N) ► | 001 |
| | | | | | | 1c Ef | ective date | of plan |
| a Plan | sponsor's name and a | ddress (employer, if for single-employe | er plan) | | | | /01/2004 | |
| AXO | N MEDICAL, PC | Se display. | , pierry | | | ZD En | nployer Iden N) 20-20 | tification Numbe |
| 101 | -24 QUEENS BOULE | TUADD CITYED | | | | | | telephone numb |
| | | SVARD, SUITE A | | | | (7 | 18) 261- | 8881 |
| | EST HILLS | NY 11375 | | | | 2d Bu | siness code | (see instructions |
| a Plan Same | administrator's name a | nd address (If same as plan employer, | enter "Same") | | | | 1510 ministrator's | EIN |
| Jaille | 7// | | (f) | | | OD AG | mistrator's | LIN |
| | | | | | | 2- | - Vouce - vouce | |
| | | | | | | 3C Adr | ninistrator's | telephone numb |
| If the | name and/or FIN of the | nian enoneer has about 4 | | | | | | |
| name | . EIN and the plan num | plan sponsor has changed since the ber from the last return/report. Sponso | last return/report i or's Name | filed for this pl | lan, enter the | 4b EIN | l) | |
| | | | | | | 4c PN | | |
| 2 Total | | | | | | | | |
| a Total | number of participants : | at the beginning of the plan year | | | | 5a | | 2 |
| | portion of participants | at the beginning of the plan year at the end of the plan year with account belonger | | | | 5a 5b | | 2 |
| Compl | number of participants of ete this item) | with account balances as of the end of | the plan year (de | fined benefit | | 5b | | 2 |
| Compl | number of participants of ete this item) | with account balances as of the end of | the plan year (de | fined benefit | plans do not | 5b 5c | | |
| Total i compl Were | number of participants (ete this item) | with account balances as of the end of | the plan year (de | fined benefit | plans do not | 5b 5c | | 2 |
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| Total in Complete | number of participants of ete this item) all of the plan's assets and Liabilities of the plan's assets of the plan | with account balances as of the end of during the plan year invested in eligible the annual examination and report of a (See instructions on waiver eligibility a her 6a or 6b, the plan cannot use Formation 7b from line 7a) fers for this Plan Year invable from: 3a(2), 8a(3), and 8b) ollovers and insurance premiums ive distributions (see instructions) s (salaries, fees, commissions) | the plan year (de assets? (See insin independent quind conditions.) rm 5500-SF and 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d | structions.) salified public must instead (a) Beg | plans do not accountant (IQPA) d use Form 5500. Inning of Year 464,115 0 464,115 Amount 0 0 32,647 | 5b 5c | (b) End | X Yes X Yes O |
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| | rt IV Plan Characteristics | | | | | |
|---------------------|--|--|---------------|---------------------------------------|----------------|--------------------------------|
| 9a | If the plan provides pension benefits, enter the applicable pe | inclose factors and a factor in the | | | | |
| | 1A | ension feature codes from the List of Plan Characte | eristic (| odes | n the ins | tructions: |
| b | If the plan provides welfare benefits, enter the applicable we | Ifare feature codes from the List of Plan Character | ietie Ce | des in | the least | 1.12 |
| The Contract | | The state of the s | istic cc | ides in | the instr | uctions: |
| Pa | rt V Compliance Questions | | | | | |
| 0 | During the plan year: | | _ | | I I | 10.150 |
| a | Was there a failure to transmit to the plan any participant of | contribution within the vi- | | Yes | No | Amount |
| | | | 10a | | x | |
| b | Transactions with any party-in-i | nterest? (Do not include transportions | | | | |
| | | | . 10b | | x | |
| C | Was the plan covered by a fidelity bond? | | 10c | | x | |
| d | bid the plan riave a loss, whether or not reimbursed by the | plan's fidelity bond, that was caused by fraud | | | | |
| | | | 10d | | x | |
| е | Were any fees or commissions paid to any brokers, agents, insurance services or other organization that are added. | or other persons by an insurance carrier | | | | |
| | or out of out of garried that provings some | or all of the hencefte and a state of a | | | . | |
| f | instructions.) | | 10e | | х | |
| | Has the plan failed to provide any benefit when due under t | heplan? | 10f | | x | |
| h | Did the plan have any participant loans? (If "Yes," enter am | ount as of year end.) | 10g | | х | |
| | If It is is an individual account plan, was there a blocker too | elado (C. | - | | | A STATE OF THE |
| i | 2520.101-3.) If 10h was answered "Yes," check the box if you either prove | | 10h | | х | |
| | exceptions to providing the notice applied under 29 CFR 25 | ided the required notice or one of the | | | | |
| art | VI Pension Funding Compliance | | 10i | | 333 | |
| 1 | Is this a defined benefit plan subject to minimum funding rec | uiremente? //f "Voe " eas instanti | | | | |
| _ | | | | | | I Von |
| 2 | a solution of plant subject to the minimum fur | Iding requirements of section 412 of the Code | ection | 302 0 | FDICAG | , , |
| | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as | | PO-CEICHT. | | | |
| | as a real real real real real real real re | applicable.) | | | | _ |
| а | If a waiver of the minimum funding standard for a prior year i | applicable.) | | | | _ |
| a | If a waiver of the minimum funding standard for a prior year granting the waiver | applicable.) s being amortized in this plan year, see instruction | | | he date o | of the letter ruling |
| If y | If a waiver of the minimum funding standard for a prior year i granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Scho | applicable.) s being amortized in this plan year, see instruction | is, and th | | he date o | _ |
| lf y | If a waiver of the minimum funding standard for a prior year is granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Scholenter the minimum required contribution for this plan year. | applicable.) s being amortized in this plan year, see instruction | s, and th | enter t | he date o | of the letter ruling |
| If you b c | If a waiver of the minimum funding standard for a prior year is granting the waiver bu completed line 12a, complete lines 3, 9, and 10 of SchoEnter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for | applicable.) s being amortized in this plan year, see instruction | s, and th | enter t | he date o | of the letter ruling |
| lfy b c d | If a waiver of the minimum funding standard for a prior year is granting the waiver bu completed line 12a, complete lines 3, 9, and 10 of Schi Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for Subtract the amount in line 12b. | applicable.) s being amortized in this plan year, see instruction | s, and th | enter t | he date o | of the letter ruling |
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| b c d e | If a waiver of the minimum funding standard for a prior year is granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Scholenter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for Subtract the amount in line 12c from the amount in line 12b. Integrative amount) Will the minimum funding amount reported on line 12d be me Plan Terminations and Transfers of As a resolution to terminate the plan been adopted during the fifees, "enter the amount of any plan assets that reverted to the PBGC? If during this plan year, any assets or liabilities were transfers. | applicable.) s being amortized in this plan year, see instruction Monedule MB (Form 5500), and skip to line 13. this plan year Enter the result (enter a minus sign to the left of a t by the funding deadline? sets le plan year or any prior year? the employer this year aries, transferred to another plan, or brought under | is, and | 1 1 1 | 2b 2c 2d | Yes No |
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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.

| 1 11/14/ | // | |
|---|--------|--|
| SIGN // WW/ | 3/19/ | 3 Michael Neystat |
| HERE Signature of plan administrato | Dafe / | 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 |