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

2010

This Form is Open to Public Inspection

Р	ension Be	enefit Guaranty Corporation	► Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	mopeonon			
Pa	art I	Annual Report	Identification Information							
For	calenda	ar plan year 2010 or fis	scal plan year beginning 01/01/201	0	and ending 0	3/10/2	2010			
Α -	This ret	urn/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
		:urn/report is for:	first return/report	final retur	n/report					
			an amended return/report	short plar	year return/report (less than 12 mo	nths)				
C Check box if filing under:					extension	DFVC program				
•	CHECK	oox ii iiiing under.	special extension (enter description	1	OCACHOION		_ bi vo program			
D-	4 II	Dania Dian Info		,						
	rt II		rmation—enter all requested inform	nation		1h	There alieis			
	Name	•	OLOGY, PC 401(K) RETIREMENT PI	ΔN		ID	Three-digit plan number			
5110	-COOL	TILWATOLOGI ONC	OLOGI, I C 401(K) KETIKEMENT I	LAIN			(PN) • 001			
						1c	Effective date of plan			
							01/01/2000			
			dress (employer, if for single-employer	r plan)		2b Employer Identification Num				
SYRA	ACUSE	HEMATOLOGY ONC	OLOGY, PC			2-	(EIN) 16-1159990			
6413	LONG	POINT RD.				2C	Plan sponsor's telephone number 315-676-5873			
BRE\	NERTO	ON, NY 13029				2d	Business code (see instructions)			
							621111			
3a	Plan a	dministrator's name ar	nd address (if same as Plan sponsor, e OLOGY, PC 6413 LONG	enter "Same	e")	3b	Administrator's EIN 16-1159990			
3110	4CU3L	TILIMATOLOGI ONC	BREWERTO			20				
						30	Administrator's telephone number 315-676-5873			
4 II	f the na	me and/or EIN of the	olan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b EIN				
ı	name, E	EIN, and the plan num	per from the last return/report. Sponso	or's name		4.				
						4c				
			at the beginning of the plan year		5a	1				
b			at the end of the plan year			5b	0			
С			with account balances as of the end o		` .	5c	0			
62	•	•	s during the plan year invested in eligit				ĭ Yes ∏ No			
b			the annual examination and report of							
			? (See instructions on waiver eligibility				X Yes No			
r			ther 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.				
Pa	rt III	Financial Inforr	nation		T					
7	Plan A	Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total p	olan assets		. 7a	267	_	0			
b	Total p	olan liabilities		. 7b)	0			
C	Net pla	an assets (subtract line	e 7b from line 7a)	. 7с	267	7	0			
8			nsfers for this Plan Year		(a) Amount		(b) Total			
а		butions received or rec		90(4)						
		-				\dashv				
	` '	·	1	- · · ·		-				
L	` '	, ,	rs)	- · · ·		-				
b		` ,					0			
G C), 8a(2), 8a(3), and 8b)	8c						
d			ct rollovers and insurance premiums	. 8d	267	7				
е		•	ective distributions (see instructions)							
f			lers (salaries, fees, commissions)							
g		•								
h		·	d, 8e, 8f, and 8g)				267			
i			ine 8h from line 8c)				-267			
j			(see instructions)							
-		· · ·		. 0]	1					

	F	Form 5500-SF 2010 Page 2-								
Par	t IV	Plan Characteristics								
		e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2E 2G 2J 2K 3D	racteri	stic Co	des in	the instr	uctio	ns:		
		e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Co	des in	the instru	uctior	าร:		
art	V	Compliance Questions		1		T				
0		ing the plan year:		Yes	No		Ar	mount	:	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X					
С	Wa	s the plan covered by a fidelity bond?	10c	X					500	0000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X					
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		X					
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		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X					
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i		X					
art	VI	Pension Funding Compliance								
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor						Ye	ıs X	No
2		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Ye	s X	No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru ting the waiver								
lf v		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			Day					
		er the minimum required contribution for this plan year			12b					
		er the amount contributed by the employer to the plan for this plan year			12c					
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef			12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?	<u></u>	<u></u>		Yes		No	<u> </u>	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?						X Ye	s	No

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

X Yes No

13c(3) PN(s)

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

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.) 13c(1) Name of plan(s): 13c(2) EIN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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	Filed with authorized/valid electronic signature.	09/24/2010	BENJAMIN HIMPLER, TRUSTEE						
HERE	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

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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OMB Nos. 1210-0110 1210-0089

2009- 2010

This Form is Open to Public Inspection

	Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.		postion			
_	art I Annual Report Identification Information								
For		01/01/2	2010 and ending		03/10/201	.0			
Α	This return/report is for:	multiple-	employer plan (not multiemployer)		one-participa	nt plan			
В	This return/report is for:	final retu	rn/report						
	an amended return/report	short pla	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	on)							
Pa	art II Basic Plan Information—enter all requested inform	30.50							
	Name of plan	ation		1b	Three-digit				
	SYRACUSE HEMATOLOGY ONCOLOGY, PC			12000	plan number				
	401(k) RETIREMENT PLAN				(PN))	001			
				1c	Effective date of				
2a	Plan sponsor's name and address (employer if for single-employer	nlan)		01/01/2000 2b Employer Identification Number					
24	Plan sponsor's name and address (employer, if for single-employer SYRACUSE HEMATOLOGY ONCOLOGY, PC	piany		20	9990				
				2c	elephone number				
	6413 LONG POINT RD.			0.1	(315)676-5				
	BREWERTON		NY 13029	2a	Business code (see instructions)			
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Sam		3b	Administrator's E	EIN			
	SAME								
				3c Administrator's telephone number (315) 676-5873					
41	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	enort filed for this plan, enter the	4b	0073				
	name, EIN, and the plan number from the last return/report. Sponso		port med for this plan, enter the	40	EIN				
				4c	PN				
5a	Total number of participants at the beginning of the plan year			5a	5a				
b	Total number of participants at the end of the plan year			5b					
	Total number of participants with account balances as of the end of complete this item)			5c					
6a	5 , , , , , , , , , , , , , , , , , , ,					X Yes No			
b	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public accountant (IQ	PA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo				•••••••••••••••••••••••••••••••••••••••	X Yes No			
Pa	art III Financial Information	01111 5500-	or and must mistead use Form 55	00.					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Vear			
a	Total plan assets	7a	(a) beginning of Teal	7	(b) Elid	Oi Teal			
b	Total plan liabilities			0		(
С	Net plan assets (subtract line 7b from line 7a)		26	7		(
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:		(6) /		(5) !	otar			
	(1) Employers	8a(1)		_					
	(2) Participants	8a(2)		4					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)			-					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				(
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	26	7					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				26			
i	Net income (loss) (subtract line 8h from line 8c)					(267)			
j	Transfers to (from) the plan (see instructions)	8j							

Form 5500-SF 2009	

	Form 5500-SF 2009	Р	age 2								
Par	t IV Plan Characteristics										
	If the plan provides pension benefits, enter the applicable pension feature	codes from the	List of Plan Char	acteris	stic Co	des in	the instruc	tions:			
b	2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature	codes from the	List of Plan Char	acteris	tic Co	des in	the instruct	ions:			
Part	V Compliance Questions										
10	During the plan year:	***			Yes	No		Amount			
а	a 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)										
b	Were there any nonexempt transactions with any party-in-interest? (Do n on line 10a.)	actions reported	10a		x						
С	Was the plan covered by a fidelity bond?			10c	х		\		00,00		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?	bond, that was	caused by fraud	10d		х			,,,,,,		
е	Were any fees or commissions paid to any brokers, agents, or other persinsurance service or other organization that provides some or all of the binstructions.)	ons by an insur enefits under the	ance carrier, e plan? (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 of yea	ar end.)		10g		x					
ħ	If this is an individual account plan, was there a blackout period? (See ins	structions and 2	9 CFR	109							
i	2520.101-3.)	ired notice or or	e of the	10h 10i		x					
Part	VI Pension Funding Compliance			1 101							
11	Is this a defined benefit plan subject to minimum funding requirements? (ISS00))							∏ Ye	s 🛛 No		
12	Is this a defined contribution plan subject to the minimum funding require							Ye	_#_		
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 amorganting the waiver.							ne letter r Year			
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F										
	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					
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the res negative amount)				_	12d	Yes	 □ No	□ N/A		
Part	Will the minimum funding amount reported on line 12d be met by the fund VII Plan Terminations and Transfers of Assets	ling deadline?		•••••			res	140	IVIA		
	Has a resolution to terminate the plan been adopted during the plan year		<u> </u>					X Yes	s 🗍 No		
13a	If "Yes," enter the amount of any plan assets that reverted to the employe				Г	13a		ру те	s		
ь	Were all the plan assets distributed to participants or beneficiaries, transfe of the PBGC?	erred to another	plan, or brought	under	the co			X Yes	` s ∏ No		
c	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another	plan(s), identify t	he plai	n(s) to						
1	3c(1) Name of plan(s):			<u> </u>	13c(2) EIN(s) 13c(3) F						
	· · · · · · · · · · · · · · · · · · ·										
Cauti	on: A penalty for the late or incomplete filing of this return/report will	l be assessed t	unless reasonab	le cau	se is	establ	ished.	1			
Unde SB or	r penalties of perjury and other penalties set forth in the instructions, I decl Schedule MB completed and signed by an enrolled actuary, as well as the , it is true, correct, and complete.	are that I have	examined this ret	urn/rep	ort, in	cluding	g, if applica	ble, a Sc knowledg	hedule e and		
SIGI		5/10	BENJAMIN H	IMPI	ER.	TRU	STEE				
HER						individual signing as plan administrator					
SIGI	$1 \% + M_0 U$	4 7	BENJAMIN H								
HER	- 7		Enter name of in	ndividu	ıal sig	ning as	employer	or plan s	ponsor		