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

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500	0-SF.				
		lentification Information							
For	calendar plan year 2009 or fisca	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009			
Α .	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
В .	This return/report is for:	first return/report	final retur	n/report		_			
		an amended return/report	short plan	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	▼ Form 5558	automatic	extension		DFVC progra	am		
		special extension (enter description							
Do	ert II Pacia Blan Inform	nation—enter all requested inform	•						
		ilation—enter all requested inform	ation		1h	Three-digit		-	
	Name of plan	DEFERRED PLAN AND TRUST			ID	plan number			
						(PN) ▶	001		
					1c	Effective date of			
						01/01/2	2005		
	•	ess (employer, if for single-employer	plan)		2b	Employer Identi		mber	
PECC	ONIC UROLOGY PC				20	(EIN) 20-132 Plan sponsor's		numbor	
20 HI	CKSVILLE ROAD, SUITE 3				20	516-54		number	
	SAPEQUA, NY 11758				2d	Business code	(see instru	ctions)	
						621111			
	Plan administrator's name and ONIC UROLOGY PC	address (if same as Plan sponsor, e 20 HICKSVIL			3b	Administrator's			
LO	SINIO OROLOGI I O	MASSAPEQ			3c	20-1323431 3c Administrator's telephone number			
					•	516-54			
		an sponsor has changed since the la		port filed for this plan, enter the	4b EIN				
- 1	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		40	PN			
5a	Total number of participants at	the beginning of the plan year			5a	TIN		2	
				ł					
	· ·	the end of the plan year		ļ	5b			2	
С		ith account balances as of the end of			5c			2	
6a	, ,			(See instructions.)			X Yes	s No	
				ndent qualified public accountant (IQF					
				ions.)			X Yes	s No	
D-			orm 5500-	SF and must instead use Form 550	00.				
	rt III Financial Informa	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
	Total plan assets		. 7a	33038				53416	
b	'		. 7b	0				0	
<u>C</u>		7b from line 7a)	. 7c	33038	3			53416	
8	Income, Expenses, and Transf			(a) Amount		(b)	Total		
а	Contributions received or received (1) Employers	vable from:	. 8a(1)	0					
				17740)				
	• •)			0				
b	, ,			2638					
C	,	8a(2), 8a(3), and 8b)		2000				20378	
d		rollovers and insurance premiums							
-			. 8d	0)				
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e	0					
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f	0					
g	Other expenses		. 8g	0)				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h					0	
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i					20378	
j	Transfers to (from) the plan (se	ee instructions)	. 8i	0					

Part IV	Dian	Charac	torictics
Partiv	Pian	C.narac	teristics

SIGN HERE

Signature of employer/plan sponsor

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	The plant provided from the control and approvate from the		00 00					
art	V Compliance Questions							
0	During the plan year:		Yes	No		Amou	nt	
а	Was there a failure to transmit to the plan any participant contributions within the time per 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Programmes)	1	X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transon line 10a.)	'	,	X				
С	Was the plan covered by a fidelity bond?	100	;	X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was or dishonesty?		1	X				
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						
f	Has the plan failed to provide any benefit when due under the plan?	10	;	X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	100	,	X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 2 2520.101-3.)	29 CFR		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or o exceptions to providing the notice applied under 29 CFR 2520.101-3		i					
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see ins 5500))						Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section	on 412 of the Code or s	ection	302 of	ERISA?		Yes	X No
	(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 pla granting the waiver.	Month _						
	If you 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.							
	b Enter the minimum required contribution for this plan year							
	Enter the amount contributed by the employer to the plan for this plan year	nus sign to the left of a		12c 12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	-		Yes	No	,	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	ar?				,	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to anothe of the PBGC?			ontrol			Yes	× No
С	If during this plan year, any assets or liabilities were transferred from this plan to anothe which assets or liabilities were transferred. (See instructions.)	r plan(s), identify the p	an(s) to)		1		
13c(1) Name of plan(s):					N(s)	13	3c(3) F	'N(s)
auti	tion: A penalty for the late or incomplete filing of this return/report will be assessed	unless reasonable c	use is	establ	ished.			
ВВ о	er penalties of perjury and other penalties set forth in the instructions, I declare that I have or Schedule MB completed and signed by an enrolled actuary, as well as the electronic ver f, it is true, correct, and complete.							
SIGI	Filed with authorized/valid electronic signature. 10/13/2010	ROBERT MUCCIOLO	LO, M.D.					
	ERE Signature of plan administrator Date Enter name o				s plan adn	ninistrat	or	

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 6058(a) of the Internal Revenue Code (the Code).

▶ 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

	art Annual Report Identification Information	01/01/0				10/21/00				
	ΣΖ -tu att	01/01/2		and ending		12/31/200	- 110			
Α	This return/report is for:	=	employer plan (not n	nultiemployer)	one-participant plan					
В	his return/report is for:									
	an amended return/report	less than 12 mont	ths)							
С	Check box if filing under: Form 5558] automation	cextension			DFVC progran	n			
	special extension (enter descript	ion)				····				
7	art I Basic Plan Information—enter all requested inform	nation			4.					
1a	Name of plan PECONIC UROLOGY PC CASH OR DEFERRED				ar	Three-digit plan number				
	PLAN AND TRUST					(PN) ▶	001			
	THAN AND TROOT			ľ	1c	Effective date of	plan			
					OI-	01/01/2005	15 . 11 1			
4 8	Plan sponsor's name and address (employer, if for single-employer PECONIC UROLOGY PC	r plan)			ZD	Employer Identification (EIN) 20-1323	3431			
		į				Plan sponsor's te	lephone number			
	20 HICKSVILLE ROAD, SUITE 3			-	24	(516) 541-5	· · · · · · · · · · · · · · · · · · ·			
	MASSAPEOUA		NY 117		Zu	Business code (s 621111	ee instructions)			
3a	Plan administrator's name and address (if same as Plan sponsor,	enter "Sam			3b	Administrator's E	IN			
					30	Administrator's te	Jonhone number			
					J C	Administrator s te	nephone number			
4	If the name and/or EIN of the plan sponsor has changed since the la		port filed for this pla	n, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Spons	or s name			4c	4c PN				
5a	Total number of participants at the beginning of the plan year				5a	2				
b	Total number of participants at the end of the plan year				5b					
С	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						2			
6a			5c		X Yes No					
	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
P	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III. Financial Information									
7	Plan Assets and Liabilities	3 PC 329-5 Mehren i na analysis and analysis analys	(a) Beginn	ing of Year	(b) End of Year					
а	Total plan assets	7a	, ,	33,038	38		53,416			
b	Total plan liabilities	7b		C	0					
С	Net plan assets (subtract line 7b from line 7a)	7c		33,038	38 5					
8	Income, Expenses, and Transfers for this Plan Year	A CONTROL OF STATE OF	(a) Am	ount		(b) To	otal			
а	Contributions received or receivable from: (1) Employers	8a(1)		C)					
	(2) Participants			17,740	ו					
	(3) Others (including rollovers)			C	Continue of the continue					
b	Other income (loss)			2,638			on recommendation of the second			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					20,378			
d	Benefits paid (including direct rollovers and insurance premiums	8d		ſ						
_	to provide benefits) Certain deemed and/or corrective distributions (see instructions)					A Secretary of the secr				
4-4										
e f	·			0)					
f g	Administrative service providers (salaries, fees, commissions)	8f		0						
f	Administrative service providers (salaries, fees, commissions) Other expenses	8f 8g								
f g	Administrative service providers (salaries, fees, commissions) Other expenses	8f 8g 8h		C			0 0 20,378			
f g	Administrative service providers (salaries, fees, commissions) Other expenses	8f 8g 8h		C	designation of the control of the co					

	Form 5500-SF 2009	Р	age 2 -						
Par	t IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension fear	ture codes from the	List of Plan Cha	racteris	tic Co	des in	the instruc	tions:	•
b	2E $2F$ $2G$ $2J$ If the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the	List of Plan Cha	racteris:	tic Cor	des in i	the instruct	ions:	
D	If the plan provides wellare beliefus, effect the applicable wellare feat		LIST OF FIRM OF IL	aoic/io		u00 III	aro mondo		
Pari	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Progr	am)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of thinstructions.)	ne benefits under th	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	f year end.)	1	10g		Х	1		
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)			10h		Х	Later States of the		Property Plant of the property
Ì	If 10h was answered "Yes," check the box if you either provided the r exceptions to providing the notice applied under 29 CFR 2520.101-3.			10i					1931 1174 V ab. 40
Part	VI Pension Funding Compliance							_	
11	Is this a defined benefit plan subject to minimum funding requirement 5500))							Yes	3 X No
12	Is this a defined contribution plan subject to the minimum funding req	quirements of section	n 412 of the Coo	le or se	ction 3	302 of	ERISA?	Yes	s 🛛 No
	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							1-44	P
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.								
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule M								
b	Enter the minimum required contribution for this plan year	***************************************				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 negative amount)		***************************************			12d	7 ,/ 1		
	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							<u> </u>	
13a	Has a resolution to terminate the plan been adopted during the plan y						· ·	Yes	3 X No
1-	If "Yes," enter the amount of any plan assets that reverted to the emp					13a			<u>-</u>
	Were all the plan assets distributed to participants or beneficiaries, tra	······						Yes	s X No
	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)					13c(2) EIN(s) 13c(3) PN(s			DN/a)
	13c(1) Name of plan(s):				131	(<i>∠)</i> ⊏	14(5)	136(4) FIN(5)
	1 /								
	ion: A penalty for the late or incomplete filing of this return/report							blo a Cal	hadula
SB o	r penalties of <u>perj</u> ury and other penalties set forth in the instructions, I r Schedule MB completed and signed by an eprolled actuary, as well a f, it is true, correct and complete.	is the electronic ver	sion of this return	n/report	and i	to the l	g, if applica pest of my l	knowledg	e and
(C-00) - CM 1/k	A MAN MAN DODDE MUCCINO MI								•
SIG HER		Date //U	Enter name of				s plan admi	nistrator	
SIG		·····							
HER		Date	Enter name of	individu	ıal sigi	ning as	s employer	or plan si	ponsor

Date

Signature of employer/plan sponsor