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.

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Pa	art I	Annual Report I	dentification Inforn	nation							
For	calend	ar plan year 2009 or fisc	cal plan year beginning	01/01/20	09	and ending	12/31/2	2009			
Α	This ret	turn/report is for:	x single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan			
		turn/report is for:	first return/report	Ē	final return/report						
_			an amended return/re	port [short plar	n year return/report (less than 12 m	onths)				
_	Ob1. I	have if filling over alone	Form 5558	рон <u>Г</u>	-	extension		DFVC program			
C	Check	box if filing under:		L L	_	Cexterision	_ Di vo program				
	special extension (enter description) Part II Basic Plan Information—enter all requested information										
	art II		mation—enter all reque	ested inforr	nation		146	There is all of			
	1a Name of plan TWIN FORKS HEMATOLOGY ONCOLOGY PC 401(K) PROFIT S ARIN						10	Three-digit plan number (PN) ▶ 001			
							1c	Effective date of plan 01/01/2003			
		ponsor's name and add	ress (employer, if for sing	le-employe	er plan)		2b	Employer Identification Number (EIN) 11-3601334			
1267	'EAST	MAIN STREET STE A					2c	Plan sponsor's telephone number 631-727-7100			
RIVE	RHEAL	D, NY 11901					2d	Business code (see instructions) 621111			
		dministrator's name and		267 EAST	MAIN STR	EÉT STE A	3b	Administrator's EIN 11-3601334			
			ŀ	RIVERHEA	D, NY 1190	1	3c	Administrator's telephone number 631-727-7100			
						port filed for this plan, enter the	4b	EIN			
		·	er from the last return/rep	· .			4c	PN			
5a	Total ı	number of participants a	at the beginning of the pla	n year			5a	11			
b	Total ı	number of participants a	at the end of the plan year	·			. 5b	11			
С						vear (defined benefit plans do not	5c	11			
6a	Were	all of the plan's assets	during the plan year inves	sted in eligi	ble assets?	(See instructions.)		X Yes No			
b						ndent qualified public accountant (I		V vaa D na			
			•			ions.)SF and must instead use Form 5		X Yes No			
Pa	rt III	Financial Inform		illiot use	-01111 3300-	or and must instead use Form .	500.				
7		Assets and Liabilities				(a) Beginning of Year		(b) End of Year			
·					7a	2080	09	272453			
		plan liabilities			7b						
С	Net pl	an assets (subtract line	7b from line 7a)			2080	09	272453			
8		ne, Expenses, and Trans	<u> </u>			(a) Amount		(b) Total			
а		ibutions received or rece				(a) ranount		(2) 1012			
	(1) E	mployers			8a(1)	68	82				
	(2) P	articipants			8a(2)	103	85				
	(3) O	thers (including rollovers	s)		8a(3)						
b	Other	Other income (loss)				74					
С	Total i	income (add lines 8a(1)	, 8a(2), 8a(3), and 8b)		8c			66341			
d			rollovers and insurance p		8d	17					
е	Certai	in deemed and/or correc	ctive distributions (see ins	tructions)	8e						
f	Admir	nistrative service provide	ers (salaries, fees, commi	ssions)	8f	1	25				
g	Other	expenses			8g						
h	Total e	expenses (add lines 8d,	8e, 8f, and 8g)					1897			
i			ne 8h from line 8c)					64444			
		fers to (from) the plan (s	•								

D (IV/	DI	O L	
Part IV	Plan	Characi	reristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D

D	II th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	list of Plan Chara	cteris	iic Co	des in	tne instructi	ions:	
Part	٧	Compliance Questions								
10	Du	ring the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X				10385
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte on line 10a.)						X			
С	Wa	as the plan covered by a fidelity bond?			10c	X				35000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
	ins	re any fees or commissions paid to any brokers, agents, or other peurance service or other organization that provides some or all of the tructions.)	benefits under the	plan? (See	10e	X				3154
f	Ha	s 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 y	year end.)		10q		X			
		nis is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		X			
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part \	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							Yes	X No
12		his a defined contribution plan subject to the minimum funding requ							Yes	-
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.								
а	If a	waiver of the minimum funding standard for a prior year is being am	nortized in this plar						ne letter ru Year	-
If y	ou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB	3 (Form 5500), and	skip to line 13.				I		
b	Ent	er the minimum required contribution for this plan year					12b			
		er the amount contributed by the employer to the plan for this plan y					12c			
	neg	etract the amount in line 12c from the amount in line 12b. Enter the rative amount)	······			-	12d		_	
		the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A
Part \	VII	Plan Terminations and Transfers of Assets							_	
13a	Has	s a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?				I	Yes	X No
		es," enter the amount of any plan assets that reverted to the emplo					13a			
	of t	re all the plan assets distributed to participants or beneficiaries, tran he PBGC?							Yes	X No
		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify th	ie plai	n(s) to	1		_	
13	3c(1) Name of plan(s):			13c(2) EIN(s)			13c(3	B) PN(s)	
_	_					_	_			
Cautio	on:	A penalty for the late or incomplete filing of this return/report w	will be assessed u	ınless reasonabl	e cau	ise is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I de nedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	F	iled with authorized/valid electronic signature.	0/15/2010	PATRICIA AMOR	OSO					
	HERE Signature of plan administrator Date Enter name of individual signing as plan administrator									

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).

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete all entries in accord	lance with	the instructions to the Form 5500	-SF.		p			
Pi	Part 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:	multiplè-e	mployer plan (not multiemployer)		one-participa	nt plan			
В .	his return/report is for: first return/report final return/report								
	an amended return/report	short plan	year return/report (less than 12 mon	ths)					
C	Check box if filing under: X Form 5558		DFVC progra	m					
	special extension (enter descriptio	n)							
P.	Basic Plan Information—enter all requested information	ation							
1a	Name of plan			1b	Three-digit				
	Twin Forks Hematology Oncology PC 401(k)	Profit	: S		plan number	001			
	aring Plan		}	10	(PN) Fffective date o	001			
				16	1C Effective date of plan 01/01/2003				
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identi	fication Number			
	Plan sponsor's name and address (employer, if for single-employer Twin Forks Hematology Oncology PC				(EIN) 11-360				
				2c	Plan sponsor's (631) 727-	telephone number			
	1267 East Main Street Ste A			2d		(see instructions)			
	Riverhead		NY 11901		621111				
3a	Plan administrator's name and address (if same as Plan sponsor, el	nter "Same	")	3b	Administrator's	EIN			
	 -			30	Administrator's	telephone number			
				30	Administrator 5	reieptione number			
4 1	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN				
i	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c PN					
52	Total number of participants at the beginning of the plan year			5a	TIN .				
b	Total number of participants at the end of the plan year		5a 5b						
C	Total number of participants with account balances as of the end of		่วม		11				
C	complete this item)		· · · · · · · · · · · · · · · · · · ·	5c		11			
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			X Yes No			
b	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IQ	PA)		X Yes No			
	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				••••••••	₩ les [] w			
Pa	in III. Financial Information	71111 0000-	or aria made motera add t orm do						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
· a	Total plan assets	7a	208,00	9		272,453			
b	Total plan liabilities	7b		T					
C	Net plan assets (subtract line 7b from line 7a)	7c	208,00	9		272,453			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b)	Total			
a	Contributions received or receivable from:			2					
	(1) Employers	8a(1)		882					
	(2) Participants		10,38	5					
	(3) Others (including rollovers)	8a(3)		_					
þ	Other income (loss)	8b	49,07	4	66 241				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				66,341			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1,77	2					
е	Certain deemed and/or corrective distributions (see instructions)	-		7					
f	Administrative service providers (salaries, fees, commissions)		12	5					
g	Other expenses	8g	,						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					1,897			
i	Net income (loss) (subtract line 8h from line 8c)					64,444			
i	Transfers to (from) the plan (see instructions)								
-		1 7	L	. 100000					

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	A	ı
Pade 2	Z-I	
1 444 -		

Enter name of individual signing as employer or plan sponsor

_			
Form	5500.	.SF	2009

Signature of employer/plan sponsor

	70111 0500-01 2003		-3							
Pat	Plan Characteristics			4 .4-			lb a IBurra	lana.		
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D									
b	if the plan provides welfare benefits, enter the applicable welfare feature	re codes from the I	List of Plan Chara	cterist	ic Cod	les in t	he instruct	iona:		
Par	W Compliance Questions			· · · · · · · · · · · · · · · · · · ·						
10	During the plan year:				Yes	No		Amoun	t	
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)									
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
C	Was the plan covered by a fidelity bond?			10c	X				35,00	
đ	Did the plan have a loss, whether or not reimbursed by the plan's fideli or dishonesty?			10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other prinsurance service or other organization that provides some or all of the instructions.)	benefits under the	e plan? (See	10e	x				3,15	
f	Has the plan falled 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 2520,101-3.)			10h		х				
İ	If 10h was answered "Yes," check the box if you either provided the reexceptions 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							Пу	es 🏿 No	
45	5500))							_	es X No	
12	Is this a defined contribution plan subject to the minimum funding requ		n 412 of the Code	or se	ction :	302 of	ERISA?	П	₽ 5 ⊠ 140	
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable If a walver of the minimum funding standard for a prior year is being an granting the waiver.	nortized in this pla								
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB									
b	Enter the minimum required contribution for this plan year	11-71777	.,		[12b				
C	Enter the amount contributed by the employer to the plan for this plan ;	year	**************************	,,,,,,,,,	[12c				
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a min	us sign to the left :	of a	• Г	12đ				
8	Will the minimum funding amount reported on line 12d be met by the fu	unding 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 ye	ar or any prior yea	r?				,	Υ	es 🛭 No	
	If "Yes," enter the amount of any plan assets that reverted to the emplo	yer this year		****		13a				
Ь	Were all the plan assets distributed to participants or beneficiaries, transfer PBGC?			, -,				_ Y	es 🗓 No	
С	if during this plan year, any assets or liabilities were transferred from it which assets or liabilities were transferred. (See Instructions.)	nis plan to another	plan(s), Identify ti	ne pla	n(s) to	•		_, _		
1	I3c(1) Name of plan(a):				13	c(2) El	EIN(s)		13c(3) PN(8)	
								 		
	ion: A penalty for the late or incomplete filling of this return/report v									
5B o	or penaities of perjury and other penaities set forth in the instructions, I d r Schedule MB completed and signed by an enrolled actuary, as well as f, it is trug, correct, and complete.	eclare that I have of the electronic vers	examined this return/ sion of this return/	rn/rej report	port, ir t, and	icluding to the i	g, If applica pest of my	able, a S knowled	chedule ge and	
	A () ()	iolistio	Culone Pron-	T.						
Sigi HER		1131	Susan Eman			_1	. ulas - J.			
	Signature of plan administrator Date Enter name of Individual signing as plan administrator									

Date