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.

2040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010								
Α	This return/report is for: Single-employer plan	multiple-e	ple-employer plan (not multiemployer) one-participant pla						
В	This return/report is for: first return/report	final retur	n/report						
	an amended return/report	short plar	year return/report (less than 12 mo	onths)					
С	Check box if filing under:	automatio	extension		DFVC program				
	special extension (enter descriptio								
Pa	art II Basic Plan Information—enter all requested informa	,							
	Name of plan	ation		1b	Three-digit				
	ONIC UROLOGY PC CASH OR DEFERRED PLAN AND TRUST				plan number 001				
					(PN) •				
				1c	Effective date of plan 01/01/2005				
22	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identification Number				
	ONIC UROLOGY PC	piari)		20	(EIN) 20-1323431				
	0.000			2c	Plan sponsor's telephone number				
	ICKSVILLE ROAD, SUITE 3 SAPEQUA, NY 11758			0-1	516-541-5500				
				2 a	Business code (see instructions) 621111				
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	e")	3b	Administrator's EIN				
PEC	ONIC UROLOGY PC 20 HICKSVIL MASSAPEQI	LE ROAD	, SUITE 3		20-1323431				
		. ,		3с	Administrator's telephone number 516-541-5500				
4	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	4h	EIN				
	name, EIN, and the plan number from the last return/report. Sponso		pert med for and plant, error and						
				4c					
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	2						
С	Total number of participants with account balances as of the end of complete this item)		` .	5c	2				
	Were all of the plan's assets during the plan year invested in eligible				X Yes ☐ No				
b	Are you claiming a waiver of the annual examination and report of a		,						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	ions.)		Yes No					
D-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	500.					
	rt III Financial Information		T						
7	Plan Assets and Liabilities	_	(a) Beginning of Year 5341	6	(b) End of Year 70282				
a	Total plan lish litica	7a	0041	0	7,0232				
C	Total plan liabilities		5341	_					
8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c							
a	Contributions received or receivable from:		(a) Amount	(b) Total					
ű	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)	1511	16					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	175	0					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			16866				
d	Benefits paid (including direct rollovers and insurance premiums			0					
_	to provide benefits)	. 8d		0					
e	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses (add lines 2d, 2e, 2f, and 2e)				0				
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			16866				
i	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i		0	.0000				
	1 101131013 10 (110111) 1115 PIOH (355 III31146110113)	Qί	1	U					

	Form 5500-SF 2010 Page 2-		_						
Par	t IV Plan Characteristics								
Эа	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charace 2F 2G 2J 3D	cteris	tic Co	des in t	he instru	ctions:			
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	terist	ic Cod	des in th	ne instruc	tions:			
art	V Compliance Questions								
0	During the plan year:		Yes	No	Amount				
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					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х					
С	Was the plan covered by a fidelity bond?	10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х					
е	/ere 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		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	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х					
İ	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							
art	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				•		Yes	X No	
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of	or se	ction 3	302 of E	RISA?		Yes	X No	
	(If "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 amortized in this plan year, see instruct granting the waiver								
lf	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								
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	0	N/A	
art	VII Plan Terminations and Transfers of Assets								
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X 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 another plan, or brought up of the PBGC?						Yes	X No	

c 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) **13c(3)** PN(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.	10/05/2011	WILLIAM CLEMANS
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

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).

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	➤ Complete all entries in acco	rdance w	ith the instructions to the Form 55	00-SF.		·				
iii J	Annual Report Id	lentification Information	_								
Fc	or calendar plan year 2010 or fisca	al plan year beginning	01/01/	2010 and ending		12/31/201	LO				
Α	This return/report is for:	single-employer plan	muitiple	int plan							
•	This return/report is for:	first return/report	า ทีกสโ reti	ırn/report		_					
_		an amended return/report	≓ .	an year return/report (less than 12 mg	onths						
_	Charlet and the street and an	Form 5558	╡ .	lo extension		☐ DFVC progra	ım				
Ç	Check box if filing under:	Ң -	_	in exterision		☐ Pr. 40 biodis	W1.1				
1623 to 1.	annat for the direction	special extension (enter descript									
		nation—enter all requested inform	netion		46	وه يو پوست					
1a	Name of plan PECONIC UROLOGY PC	CASH OR DEFERRED		•	מר	Three-digit plan number					
		OADII OK BELEIKIBD		·	i	(PN) >	001				
	PLAN AND TRUST				1c	Effective date of	fplan				
				1		01/01/2009	5'				
2a	Plan sponsor's name and addre	ss (employer, if for single-employe	r plan)		2b Employer Identification Numb						
	PECONIC OROLOGY PC					(EIN) 20-132					
					20	Plan sponsor's f (516) 541-5	elephone number				
	20 HICKSVILLE ROAD,	SUITE 3		·	24	Business code (
	MASSAPEOUA	•		NY 11758	~~	621111	see mandonona,				
За	Plan administrator's name and a	address (if same as Plan sponsor, e	enter "Sam		3b	Administrator's E	EIN				
	SAME-			•	<u> </u>						
					3c	Administrator's telephone number					
1	If the name and/or FIN of the plan	n sponsor has changed since the la	el return/r	anort filed for this plan, enter the	4b EIN						
-7		from the last return/report. Sponso		sport filed for this biggir cities and	4D EIN						
		· · · · · · · · · · · · · · · · · · ·			4c	4c PN					
5a	. Total number of participants at	the beginning of the plan year	***********		5a		2				
b	Total number of participants at t	he end of the plan year	*************	***************************************	5b						
C	Total number of participants with	h account balances as of the end o	f the plan	year (defined benefit plans do not							
				********************************	5c						
				(See Instructions.)			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	ingilla Financial Information		01111 0300-	-ai- aild litust illateau dae i Oili aa-							
<u>։ պաշտ</u> 7	Plan Assets and Liabilities	And Andrews An		(a) Beginning of Year	1	(b) End	of Veer				
-		***************************************		(a) Beginning of 19ai	6	(0) =110	70,282				
	•	***************************************			0	WATE	707202				
	•	from line 7a)	7C	: 53,41			70,282				
<u>. </u>	Income, Expenses, and Transfe			(a) Amount	1	(b) To					
	Contributions received or receive		PRINCEPHEN PROPERTY	(a) Amount .							
u			8a(1)		0						
	(2) Participants		8a(2)	15,11	6						
	(3) Others (including rollovers)	***************************************	8a(3)		o III						
b			86	1,75	o						
	· · ·	a(2), 8a(3), and 8b)	8c				16,866				
d	Benefits paid (including direct ro										
-	to provide benefits)	***************************************	<u>8d</u>								
e	Certain deemed and/or corrective	e distributions (see instructions)	8e		0						
f	Administrative service providers	(salaries, fees, commissions)	8f		0						
g	Other expenses		8g	·	0臘網						
h	Total expenses (add lines 8d, 8e	o, 8f, and 8g)	8h		Ĭ.		0				
ī	Net income (loss) (subtract line 8	3h from line 8c)	81				16,866				
	"	Instructions)	81	•	O						

95:90 8107/18/40

	F¢	rm 5500-8	F 2010		Page 2-						
		Plan Ci	aracteristics								
9a	If the pla	n provide	pension benefits, enter the applicable pension fe	ature codes from th	e List of Plan Char	acteris	tle Co	des in	the instruc	tions:	
	18 1km min	2E	2F 2G 2J 3D	atura godan from the	a Liet of Dian Chara	ctories	io Cor	dee in	the instruct	ione:	
D	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Par	tv. c	omplian	ce Questions								
10	During :	he plan ye	ar:				Yes	No		Amount	
a			e to transmit to the plan any participant contribution			10a		х			
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)								<u> </u>		
						10b		X			
C	Was th	e plan cov	ered by a fidelity bond?		**********	10c		X			<u></u>
d			a loss, whether or not reimbursed by the plan's fic			10d	:	Х			
e	Were ar	ny fees or	commissions paid to any brokers, agents, or other	persons by an insu	rance carrier,	Ì	:				
			or other organization that provides some or all of			10e		X			
f			to provide any benefit when due under the plan?		, ,	10f		х			
g	Did the	olan have	any participant loans? (If "Yes," enter amount as o	of year end.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10g	,	Х			
h			al account plan, was there a blackout period? (So			10h		<u>х</u>			
· j			ed "Yes," check the box if you either provided the ding the notice applied under 29 CFR 2520.101-3			10i					
an	VI Pe	nsion F	unding Compliance								-
11			nefit plan subject to minimum funding requiremen							Yes	X No
12	is this a	defined co	ntribution plan subject to the minimum funding re	quirements of section	on 412 of the Code	or sec	tion 3	02 of E	ERISA?	Yes	X No
_			12a or 12b, 12c, 12d, and 12e below, as applicab inimum funding standard for a prior year is being		un renne onn fankwer	liona .	and's	ntor ib	a data of th	o lottar ru	ling
a	granting	the walver	trimum tunding standard for a prior year is being	amonized in this piz	Mont	иона, . h	anu e	Day.	e nate of itt	Year	<u>.</u>
_	-		12a, complete lines 3, 9, and 10 of Schedule N				_				
			required contribution for this plan year				` ⊢	12b			
			ontributed by the employer to the plan for this plan t in line 12c from the amount in line 12b. Enter th				·	12c			
u			t in inte 120 from the amount in line 120. Enter the				. L	12d			***
е	Will the n	iinimum fe	nding amount reported on line 12d be met by the	funding deadline?				<u> </u>	Yes	No	N/A
art	VII PI	an Tern	inations and Transfers of Assets								
3a	Has a res	olution to	terminate the plan been adopted during the plan	year or any prior yea	ar ?					Yes	X No
			mount of any plan assets that reverted to the emp					13a	-		
	of the PB	GC?	sets distributed to participants or beneficiaries, tra	*****************						Yes	X No
	which ass	sets or liab	ear, any assets or liabilities were transferred from ilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	than(/+! =! !		T de cel	D) 1/)
13c(1) Name of plan(s):						, , , , ,	73c	(2) EIN	v(S)	130(3)	PN(s)
									•		
11 5											
aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.											
Inder penalties of pertury/and other panalties set forth in the instructions, I declare that I have examined this return/report, including, If applicable, a Schedule B 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 elief, it is true, correct, and completed											
	PORERT MICCIOIO, M.D.										
SIGN Date Enter name of individ									plan admin	istrator	
	an Signe	ול נה פיחייו								· · · · · · · · · · · · · · · · · · ·	
SIGN	Dian-	ture of c	anjover/plan sponsor	Date	Enter name of ind	ividua	l slani	ing as	emplover o	r plan spi	onsor
	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor										