## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). 1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

		uance with	ii the instructions to the Form 5500	J-3F.				
	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	2011			
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan			
В .	This return/report is: the first return/report	the final r	eturn/report					
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)				
C	Check box if filing under: X Form 5558	automatic	extension		DFVC program			
	special extension (enter descriptio	n)			_			
Pa	art II Basic Plan Information—enter all requested informa	ation						
1a	Name of plan			1b	Three-digit			
	ONIC UROLOGY PC CASH OR DEFERRED PLAN AND TRUST				plan number			
				_	(PN) ▶ 001			
				1c	Effective date of plan 01/01/2005			
	Plan sponsor's name and address; include room or suite number (et	mployer if	for a single-employer plan)	2h	Employer Identification Number			
	ONIC UROLOGY PC	ilipioyei, ii	Tor a single-employer plan	20	(EIN) 20-1323431			
				2c	Sponsor's telephone number			
20 HI	ICKSVILLE ROAD, SUITE 3				516-541-5500			
	SAPEQUA, NY 11758			2d	Business code (see instructions)			
					621111			
	Plan administrator's name and address (if same as plan sponsor, er ONIC UROLOGY PC 20 HICKSVIL			3b	Administrator's EIN 20-1323431			
FLCC		LLE ROAD, SUITE 3 UA, NY 11758			Administrator's telephone number			
				516-541-5500				
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b EIN				
_	name, EIN, and the plan number from the last return/report.	4c PN						
	Sponsor's name  Total number of participants at the beginning of the plan year			T				
			5a					
b				5b				
С	Number of participants with account balances as of the end of the p complete this item)			5с				
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		X Yes No			
b			· ·	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		X 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 550	00.				
	art III Financial Information		Ι					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
a	Total plan assets				0			
b	Total plan liabilities		70282		0			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c						
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total			
а	(1) Employers	8a(1)	0					
	(2) Participants	8a(2)	0					
	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)	. 8b	11630					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			11630			
d	Benefits paid (including direct rollovers and insurance premiums		24040					
	to provide benefits)	. 8d	81912					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	0					
f	Administrative service providers (salaries, fees, commissions)	. 8f	0					
g	Other expenses	. 8g	0					
h	•				81912			
į	Net income (loss) (subtract line 8h from line 8c)	. 8i			-70282			
j	Transfers to (from) the plan (see instructions)	8i	0					

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Part IV	Plan	Characte	aristics
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- 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 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art V Compliance Questions							
O During the plan year:		Yes	No		Α	mount	
<b>a</b> 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>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
C Was the plan covered by a fidelity bond?	10c		X				
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
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 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.)	10q		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i 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							
1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))						Yes	s X No
<ul> <li>(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.</li> <li>Mor</li> <li>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</li> <li>b Enter the minimum required contribution for this plan year.</li> </ul>	nth	—— F					
C Enter the amount contributed by the employer to the plan for this plan year			12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d				
Will the minimum funding amount reported on line 12d be met by the funding deadline?		_		Ye	es	No	N/A
art VII Plan Terminations and Transfers of Assets							
3a Has a resolution to terminate the plan been adopted in any plan year?			X	res	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year							
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ontrol			X Yes	s 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.)	he pla	n(s) to	)				Ш
13c(1) Name of plan(s):		13	<b>c(2)</b> El	IN(s)		13c(3	B) PN(s)
caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal		ieo ic	octob.	lichod			
naution: A penalty for the late of incomplete filing of this return/report will be assessed unless reasonal.  Inder penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ref						a a Cak	

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.	08/20/2012	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 sections 6057(b) and 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

2011

This Form is Open to Public Inspection

	Part I Annual Report Identifi	cation Information								
Fo	r calendar plan year 2011 or fiscal plan y		01/01/	2011	and ending		12/31/203	.1		
Α	This return/report is for:	gle-employer plan	a multipl	e-employer p	lan (not multiemployer)		a one-partici	oant plan		
В	This return/report is:	rst return/report	X the final	return/report						
	an ar	nended return/report	a short p	an year retur	n/report (less than 12 m	onths)	<b>)</b>			
C	Check box if filing under:	5558	automat	c extension			DFVC progra	m		
	speci	al extension (enter descri	ption)							
P	art li Basic Plan Information	-enter all requested info	rmation							
1a	Name of plan				***************************************	1b	Three-digit			
	PECONIC UROLOGY PC CASH	OR DEFERRED					plan number			
	PLAN AND TRUST					1-	(PN) •	001		
<b></b>						10	Effective date of 01/01/2005			
2a	Plan sponsor's name and address; incl	ude room or suite numbei	(employer, i	f for a single-	employer plan)	2b	Employer Identii	ication Number		
	PECONIC UROLOGY PC						(EIN) 20-132			
						2c	Sponsor's telepi	none number		
	20 HICKSVILLE ROAD, SUI	re 3				24	(516) 541-			
	MASSAPEQUA			NY	11758	Zu	Business code (	see instructions)		
3a	Plan administrator's name and address	(if same as plan sponsor	, enter "Sam	e")		3b	Administrator's E	IN		
	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the					3c Administrator's telephone numb				
	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the						, idi minori di Qi Qi	siophono nambor		
4	name, EIN, and the plan number from	isor has changed since th the last return/report.	e last return	report filed fo	r this plan, enter the	4b	EIN			
а	Sponsor's name	and ideal of diamer opens,				4c	PN			
5a	Total number of participants at the beginning of the plan year				41	5a		2		
	Total number of participants at the end of the plan year					5b		0		
	Number of participants with account ba complete this item)	lances as of the end of th	e plan vear (	defined benef	fit plans do not	5c		0		
6a	Were all of the plan's assets during the					*****	<u> </u>	X Yes No		
b	<ul> <li>Are you claiming a waiver of the annua</li> </ul>	l examination and report of	of an indeper	ndent qualified	d public accountant (IOE	Δ١				
	under 29 CFR 2520.104-46? (See instr If you answered "No" to either 6a or	uctions on waiver eligibilit	y and condit	ions.)				X Yes   No		
Pε	art III   Financial Information	on, the plan cannot use	Form 5500-	or and musi	instead use Form 550	00.		······································		
7	Plan Assets and Liabilities			(a) E	leginning of Year		(b) End	of Voor		
а	Total plan assets	************************************	7a	157 5	70,28	2	(b) E(ld)	0		
b	Total plan liabilities				~	ol –		0		
C	Net plan assets (subtract line 7b from li	ne 7a)	7с		70,28	2		0		
8	Income, Expenses, and Transfers for th	is Plan Year			(a) Amount		(b) To	otal		
a								(		
	(1) Employers					<u> </u>				
	(3) Others (including rollovers)					심				
b	Other income (loss)				11,630	4				
C	Total income (add lines 8a(1), 8a(2), 8a		***************************************		11,000	4	**************************************	11,630		
d	Benefits paid (including direct rollovers	and insurance premiums				_		£1,630		
	to provide benefits)				81,912	2				
-	Certain deemed and/or corrective distrib				(					
Ť	Administrative service providers (salarie				(	]				
g	Other expenses				(	1				
n :	Total expenses (add lines 8d, 8e, 8f, and			· · <u>, , </u>	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	ļ		81,912		
I i	Net income (loss) (subtract line 8h from					<u> </u>		(70,282)		
1	Transfers to (from) the plan (see instruc Paperwork Reduction Act Notice and OMB Control I				(	계				

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Pai	rf IV	Plan	Charact	arietice

- 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 3D
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

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Part	V	Compliance Questions			. "							
10	D	uring the plan year:				Yes	No		Amou	nt		
a	V	as there a failure to transmit to the plan any participant contribution: PCFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial	s within the time p ry Correction Prog	period described in								
b	V	/ere there any nonexempt transactions with any party-in-interest? (C n line 10a.)	10b		Х							
С												
d	D	id the plan have a loss, whether or not reimbursed by the plan's fide	10d		Х							
е	W in	ere any fees or commissions paid to any brokers, agents, or other p surance service or other organization that provides some or all of the structions.)	10e		Х							
f		as the plan failed to provide any benefit when due under the plan?			10f		Х					
g		id the plan have any participant loans? (If "Yes," enter amount as of			10g		Х					
h	If	this is an individual account plan, was there a blackout period? (See	instructions and	29 CFR	10h	;	Х					
i	lf	10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or o	ne of the	10i						<u>.</u> ,	
art						·			**************************************	······································	· / · · · · ·	
11	ls 55	this a defined benefit plan subject to minimum funding requirements 00))	? (If "Yes," see ins	structions and com	plete S	Schedi	ule SE	3 (Form	Пү	es 🗓	No	
12	ls	this a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or sec	tion 3	02 of	ERISA?		<del></del>	No	
	(If	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)						MA	<b>I</b> I		
а	lf a ara	a waiver of the minimum funding standard for a prior year is being an	nortized in this pla	n year, see instruc	tions,	and ei	nter th	e date of t	he letter	ruling		
If y	ou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB	3 (Form 5500), an	d skip to line 13.	л		Day	· w	Year			
		ter the minimum required contribution for this plan year				. $\Gamma$	12b					
C	Ε'n	ter the amount contributed by the employer to the plan for this plan y	year	********************************			12c					
a	Su	btract the amount in line 12c from the amount in line 12b. Enter the gative amount)	result (enter a min	us sign to the left o	of a		12d					
		ll the minimum funding amount reported on line 12d be met by the fu						Yes	] No	Пи	/A	
art \												
13a	Ha	s a resolution to terminate the plan been adopted in any plan year?	***************************************			[	Х ү	es N	0		_	
	lf "	Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year	************************	13	a					0	
b	We of	re all the plan assets distributed to participants or beneficiaries, tran	nsferred to another	plan, or brought u	nder ti	he cor	itrol		X Y	es 🗍		
C	If c	luring this plan year, any assets or liabilities were transferred from th ich assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	e plani	(s) to			<del></del>			
13	C(	I) Name of plan(s):			13c(2) EIN(s) 13c(3) F			( <b>3)</b> PN(	s)			
`au4!~	\r.	A nongity for the left as in a second of the						···	<u> </u>			
Inder	ne.	A penalty for the late or incomplete filing of this return/report w	vill be assessed i	ınless reasonable	caus	e is e	stabli	shed.				
) U U 4	ابات	nalties of perjury and other penalties set forth/in the instructions, I de nedule MB completed and signed by an annualed actuary, as well as strue, correct, and complete.	the electronic yers	examined this return/re sion of this return/re	n/repc eport, :	ort, inc and to	luding the b	i, if applica est of my k	ble, a Se nowledg	chedule ge and	•	
SIGN		John Winds	1/6/2	ROBERT MUCC	IOLO	), M	.D.					
IERE	+	Signature of plan administrator	parte	Enter name of inc	lividua	l signi	ng as	plan admir	nistrator			
SIGN	-	") '//				-						
IERE		ignature of employer/plan sponsor Date Enter name of ind					ndividual signing as employer or plan sponsor					