## 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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

	• •	Complete all entries in	accordance with the instr	uctions to the Form 550	10-SF.				
calenda	ar plan year 2012 or fis		<u>11/2012</u>	and ending 1	12/31/2	2012 			
This retu	urn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	oant plan		
This retu	urn/report is:	the first return/report	the final return/report	rt					
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)				
Check b	oox if filing under:	Form 5558	automatic extension	ı		DFVC progra	ım		
special extension (enter description)									
art II	Basic Plan Info	rmation—enter all requested	nformation						
Name o	of plan				1b	Three-digit			
DLETOW	/N UROLOGIC ASSO	CIATES, PC 401K PROFIT SHA	RING PLAN & TRUST			plan number			
						,	003		
					1C		•		
Plan sp	onsor's name and ad	dress; include room or suite num	ber (employer, if for a singl	e-employer plan)	2b				
DLETOV	VN UROLOGIC ASSO	OCIATES, PC	3	,			37402		
					2c	Sponsor's telep	hone number		
CRYSTA	AL RUN ROAD, SUITE	≣ 1				845-343			
DLETOV	VN, NY 10941				2d				
						62111			
Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  3b Administrator's EIN  3c Administrator's telephone number									
					30	Administrator's	telenhone number		
						, tarriirii otrator o	iolophono numbol		
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the						4b EIN			
		nber from the last return/report.			40	DN			
		at the haginning of the plan year			+	T T	40		
		0 0 1 7					19		
					ac		22		
				•	5с		21		
Were	all of the plan's assets	during the plan year invested ir	eligible assets? (See instr	uctions.)			X Yes No		
							X Yes   No		
			, as well as the electronic v	sision of this return report	i, and	to the best of my	Knowledge and		
				<del></del>					
	Filed with authorized/	valid electronic signature.	06/26/2013	DAVID COHEN					
I\L	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ning as plan adn	ninistrator		
SN_									
RE	Signature of emplo	* ' '	Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor		
RE		yer/plan sponsor ame, if applicable) and address;					er or plan sponsor number (optional)		
RE		* ' '							
RE		* ' '							
RE		* ' '							
	Plan scopple Total r Number Comple Vere Are you ution: A der pena or Sche	This return/report is for: This return/report is: This return/report is: Check box if filing under:  This return/report is:  Check box if filing under:  This return/report is:  Check box if filing under:  This return/report is:  Check box if filing under:  This return/report is:  Check box if filing under:  This return/report is:  This return/report is for:  This return/report is:  T	Annual Report Identification Informatio Calendar plan year 2012 or fiscal plan year beginning O1/C This return/report is for:  This return/report is:  The first return/report  This return/report  This return/report is:  The first return/report  This return/report  This return/report is:  The first return/report  This peculiary  This return/report  This peculiary  This return/report  This peculiary  This return/report  This peculiary  This return/report  This peculiary  This return/report  This peculiary  This peculiary  This file with authorized/valid electronic signature.	art I Annual Report Identification Information calendar plan year 2012 or fiscal plan year beginning 01/01/2012 This return/report is for:	art I Annual Report Identification Information calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending This return/report is for:	relendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2  This return/report is for:	Annual Report Identification Information   calendar plan year 2012 or fiscal plan year beginning   0101/2012   and ending   12/31/2012   This return/report is for:   a single-employer plan   a multiple-employer plan (not multiemployer)   a one-particity   a single-employer plan   an amended return/report   the first return/report   the first return/report   an amended return/report   and the first return/report (less than 12 months)   DFVC progres   special extension (enter description)   and the first return/report (less than 12 months)   DFVC progres   special extension   DFV		

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Do	4 III   Financial Information		<u> </u>						
	t III Financial Information  Plan Assets and Liabilities		(a) Beginning of Ver				(h) End of Voor		
		7-	(a) Beginning of Yea				(b) End of Year		
	Total plan assets	7a 7b	110540	0			1460891 0		
	Net plan assets (subtract line 7b from line 7a)	76 7c	110545				1460891		
		76		00					
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)	17054	5					
	(2) Participants	8a(2)	9355	50					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	9700	)1					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					361096		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	56	<b>3</b> 7					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	509	96					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					5663		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					355433		
j	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D 3H	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in tl	he instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а				10a		X	7		
b		? (Do not	include transactions reported	10b		X			
	Was the plan covered by a fidelity bond?			10c	Χ		200000		
d	, ,			100			300000		
	or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a					X			
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g 10h		X			
i	2520.101-3.)								
Dow	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
Part 11	Is this a defined benefit plan subject to minimum funding requirem								
11a	5500) and line 11a below)  Enter the amount from Schedule SB line 39					11a	165 110		
12		Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-					<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo					•			
b	Enter the minimum required contribution for this plan year					12b			
							· ·		

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	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 of a negative amount)	12d		
е	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			
13a	Has a resolution to terminate the plan been adopted in any plan 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 under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

EIN 14-1537402 / PN 003

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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

F	ension B	enefit Guaranty Corporation	▶ Complete all entries in acco	rdance wi	h the in	etruc	tions to the Form 550	10-SE		spection	
P	art I	Annual Report	t Identification Information	i dalice Wi	ar the m	suuc	tions to the Form 550	70- <u>51 .</u>			
_				01/01/2	2012		and ending		12/31/201	12	
		turn/report is for:	X a single-employer plan			yer pl	an (not multiemployer)		a one-partici		
В	This ref	turn/report is:	the first return/report	the final	return/re	port					
			an amended return/report	a short p	lan year	retur	m/report (less than 12 r	month	s)		
С	Check	box if filing under:	Form 5558	automat					DFVC progr	am	
	Oncor	box it tilling article.	special extension (enter descript	_						u.,,	
Pa	art II	Basic Plan Info	ormation—enter all requested inform							<u> </u>	_
1a	Name	of plan						1b	Three-digit		
	MIDD	LETOWN UROLOG	GIC ASSOCIATES, PC 401K						plan number		
		IT SHARING PI	•						(PN) •	0.0	3
	ricor	II DIMKING FI	AN & IROSI					1c	Effective date of		
22	Dlan s	noneor's name and a	ddress; include room or suite number (	omployor i	f for a sir	2010	ampleyer plan)	-	10/01/1988		
			GIC ASSOCIATES, PC	employer, i	i ioi a sii	igie-	employer plan)	2b	Employer Identif		nber
			,10 110000111120, 10					20	Sponsor's telep		
								20	(845) 343-		CI
	236	CRYSTAL RUN F	OAD, SUITE 1					2d	Business code (	see instruc	tions)
	MIDD	LETOWN				NY	10941		621111		,
3a	Plan a	dministrator's name a	nd address XSame as Plan Sponsor	Name S				3b	Administrator's	EIN	
			_								
								3c	Administrator's t	elephone r	number
4	If the r	name and/or EIN of th	e plan sponsor has changed since the	last return/	report file	ed fo	r this plan, enter the	4b	EIN	_	_
			mber from the last return/report.		·						
		or's name						4c	PN		
			at the beginning of the plan year					5a			19
b	Total r	number of participants	at the end of the plan year					5b			22
С			account balances as of the end of the					_			
_								5c			2
			ts during the plan year invested in eligil							X Yes	∐No
D	under	ou claiming a waiver o	of the annual examination and report of for (See instructions on waiver eligibility	an indepei	ions I	alified	public accountant (IQ	PA)		X Yes	No
			either line 6a or line 6b, the plan can		-	,					
Cau	ıtion: A	penalty for the late	or incomplete filing of this return/re	port will b	e assess	sed u	ınless reasonable cau	ıse is	established.		
Und	ler pena	alties of perjuly and of	ther penalties set forth in the instruction	ns, I declare	that I h	ave e	examined this return/rep	oort, in	cluding, if applica	able, a Sch	edule
			ind signed by an enrolled actuary, as w	vell as the e	lectronic	vers	ion of this return/report	, and	to the best of my	knowledge	and
Delle	ei, it is t	rue, correct, and com	piete.		$\vdash$						
SIG	N	<b>_</b>		6	liali	13	DAVID COHEN				
HEF	RE	Signature of plan a	administrator	Date	· ·	·,	Enter name of individ	ual sio	ning as plan adm	ninistrator	
SIG				Date			Enter Haire of Hairia	aar org	ming do plan den	iiiiioti utoi	
HEF		Simple of annula		D.t.			Fater and a Control of				
Prer	narer's	Signature of emplo	name, if applicable) and address; include	Date de room or	suite nu	mber	(ontional)		ning as employe arer's telephone		
, , , ,		(o.dding iiiii i		_5 (50m 0)	June Hul		(opuonar)	, ισρ	a.o. o tolopilone	(U)	morial)

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Pa	rt III Financial Information						
_7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a	Total plan assets	. 7a	1,10	5,45	8		1,460,891
b	Total plan liabilities	. <u>7</u> b			0	_	0
c	Net plan assets (subtract line 7b from line 7a)	. <u>7</u> c	1,10	5,45	8	_	1,460,891
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а 	Contributions received or receivable from:  (1) Employers	8a(1)	17	0,54	5		
	(2) Participants	8a(2)	9	3,55	0		
	(3) Others (including rollovers)	8a(3)			0		
b	Other income (loss)	. 8b	9	7,00	1		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					361,096
d	Benefits paid (including direct rollovers and insurance premiums			<b>-</b>			
_	to provide benefits)	. 8d		56	-		
_	Certain deemed and/or corrective distributions (see instructions)	8e		- 00	0	>	Manager of the second
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f		5,09	-		
<u>g</u>	Other expenses	. 8g			0		
_ <u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+		5,663
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	8i			+		355,433
	Transfers to (from) the plan (see instructions)	8j			0		
	t IV Plan Characteristics						
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D 3H	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	des in	the instructions:
_	<u> </u>						
Par	·				<b>Y</b>		
10	During the plan year:			. —	Yes	No	Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	
С	Was the plan covered by a fidelity bond?			10c	х		300,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the b <b>en</b> e	efits under the plan? (See	10e		х	
				<del>                                     </del>			
	Has the plan failed to provide any benefit when due under the pla			10f		X	
g				10g		Х	
h	2520.101-3.)			10h		х	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11a	Enter the amount from Schedule SB line 39			<u></u>		11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)				
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.				and e	enter ti Day	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul						
b	Enter the minimum required contribution for this plan year			<u>.</u>		12b	

## EIN 14-1537402 / PN 003

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			12c			
d	Enter the amount contributed by the employer to the plan for this plan year  Subtract the amount in line 12c from the amount in line 12b. Enter the result ( negative amount)	enter a minus sign to the left of a	12d			
	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					
13a	Has a resolution to terminate the plan been adopted in any plan year?		۱ 🗀 ۱	Yes X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer thi	s year	. 13a		_	
b	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?		control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), identify the plan(s)	to			
1	3c(1) Name of plan(s):	1	13 <u>c(2)</u> El	N(s)	13c(3	B) PN(s)
					1	
Part	VIII Trust Information (optional)					
. (4)				14b Trust's EIN		