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

	Complete all entries	s in accor	dance witl	h the instructions to the Form 5500	0-SF.			
P	art I Annual Report Identification Inform	ation						
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-particip	ant plan	
	This return/report is: the first return/report			eturn/report			•	
Ь		. 片		•				
	an amended return/rep	oort	a short pla	an year return/report (less than 12 mo	onths)			
С	Check box if filing under: X Form 5558		automatio	extension		DFVC progra	m	
	special extension (ente	er description	on)					
Pa	art II Basic Plan Information—enter all reque	sted inform	ation					
	Name of plan				1b	Three-digit		
	VALLEY ONCOLOGY, HEMATOLOGY, PC PROFIT SHA	ARING PEN	NSION PLA	AN .		plan number		
						(PN) ▶	004	
					1c	Effective date of	plan	
						01/01/	2005	
	Plan sponsor's name and address; include room or suite	number (e	employer, if	for a single-employer plan)	2b	Employer Identif		∍r
טווטו	VALLEY ONCOLOGY HEMATOLOGY PC					(EIN) 14-17	98359	
					2c	Sponsor's telepl		
	GIDNEY AVENUE					845-561		
NEW	/BURGH, NY 12550				2d	Business code (ıs)
						62111		
	Plan administrator's name and address (if same as plan /ALLEY ONCOLOGY HEMATOLOGY PC 61	sponsor, e		·")	3b	Administrator's E	EIN 98359	
ישווטו			1, NY 1255	0	30			
					36	Administrator's t 845-561		bei
4	If the name and/or EIN of the plan sponsor has changed	since the	last return/	report filed for this plan, enter the	4b			
-	name, EIN, and the plan number from the last return/rep			repert med for and plant, erner and				
а	Sponsor's name				4c	PN		
5a	Total number of participants at the beginning of the plan	year			5a			5
b	Total number of participants at the end of the plan year.				5b			- 5
С					0.0			
•	complete this item)			•	5c			2
6a	Were all of the plan's assets during the plan year investigation	ted in eligib	le assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination an	d report of	an indeper	ndent qualified public accountant (IQI	PA)			1
	under 29 CFR 2520.104-46? (See instructions on waive	er eligibility	and conditi	ions.)			X Yes	No
	If you answered "No" to either 6a or 6b, the plan car	nnot use F	orm 5500-	SF and must instead use Form 550	00.			
Pa	art III Financial Information							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		. 7a	19762			19765	
b	Total plan liabilities		. 7b	0			0	
С	Net plan assets (subtract line 7b from line 7a)		. 7c	19762			19765	
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) T	otal	
a				(4) 7 1110 5111		(3) :		
	(1) Employers		. 8a(1)	0				
	(2) Participants		. 8a(2)	0				
	(3) Others (including rollovers)		. 8a(3)	0				
b				3				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						3	
d								
u	to provide benefits)		. 8d	0				
е				0				
f	Administrative service providers (salaries, fees, commis			0				
g g		,		0				
	•						0	
h i	1 (, , , , , , , , , , , , , , , , , ,						3	
 	Net income (loss) (subtract line 8h from line 8c)							
J	Transfers to (from) the plan (see instructions)		·· 8j	0				

Form	5500	SF	201

Page 2 -	1	
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Part IV	Plan	Characteristic	
ralliv	ГІАП	CHALACIELISTIC	

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
- 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								
0	During the plan year:		Yes	No	T	^	moun	·+	
	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			inoun		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
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		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 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		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	/I Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Пү	es X	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Y	es 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 plan year, see instruction granting the waiver. Mont								
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			42h	$\overline{}$				
	Enter the minimum required contribution for this plan year			12b					
	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 (enter a minus sign to the left of page 15).	of a		12c 12d					
_	negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?				$\frac{1}{1}$	es	No	П	N/A
art						_			
	Has a resolution to terminate the plan been adopted in any plan year?			X	Yes	No			
Ja	If "Yes," enter the amount of any plan assets that reverted to the employer this year			^	103				0
h	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u			ntrol					
D	of the PBGC?						Y	es X	No
С	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.)	e plan	(s) to					_	-
1	Sc(1) Name of plan(s):		130	c(2) [EIN(s)		130	(3) P	N(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return the instructions of perjury and other penalties set forth in the instructions, I declare that I have examined this return.						le, a S	Schedi	ule
SB or	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r	eport,	and t	to the	best o	of my kr	nowled	lge ar	nd

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/02/2012	UMANGI PATEL
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	08/02/2012	UMANGI PATEL
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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Department of Labor Employee Benefits Security Administration

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Pension Benefit Guaranty Corporation

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► 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

Pa	art I Annual Report Identification Information									
For	the calendar plan year 2011 or fiscal plan year beginning	01/01	/2011	and ending	12/	/31/2011				
Α.	This return/report is for: x a single-employer plan	a multiple-e	mployer plan ((not multiemployer)		a one-participa	nt plan			
В -	This return/report is:	he final ret	urn/report				·			
_		anort (loss than 12 man	the)							
_	님 ' 님	•	•	port (less than 12 mon	uio) —	DEVO				
C		automatic e	extension			DFVC program				
	special extension (enter description)	See Part P								
		ation.						_		
1a	Name of plan									
	Mid Valley Oncology, Hematology, PC Profit Share	ing Pen	sion Plan				004			
				1c E	ffective date of p	lan	_			
					0	1/01/2005		_		
2a		yer, if for s	ingle-employe	r plan)		. ,				
	midvalley oncology hematology FC				(1	EIN) 14-1798	3359	_		
						•	•			
	611 Gidney Avenue							_		
							ee instructions)			
<u>ชธ</u> 3a	-	"Como"\					NI	_		
Ja	Same	Same)			JD A	iummstrator 5 Em	IN			
					20.4			_		
					3C A	aministrator's tei	epnone number			
4		eturn/repor	t filed for this p	olan, enter the	4b ∈	IN				
а	Sponsor's Name				4c PN					
5a	Total number of participants at the beginning of the plan year				5a		5	_		
b	Total number of participants at the end of the plan year				5b		5			
С					5c		2			
6a							X Yes No	_		
b	,	•		` '						
	`	,			• • •	• • • •	XYes No			
Da										
<u>га</u> 7			(a) Pa	aginning of Voor	<u> </u>	(b) End o	f Voor	_		
-	Plan Assets and Liabilities	-	(a) De	<u> </u>		(b) Liid O		_		
a										
b	Total plan liabilities							_		
<u>с</u> 8		76				(h) Ta		_		
а	Contributions received or receivable from:			a, Amount		(6) 10				
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		3						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					3			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)			0						
f	Administrative service providers (salaries, fees, commissions)			0						
g				0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						0			
i	Net income (loss) (subtract line 8h from line 8c)						3	_		
j	Transfers to (from) the plan (see instructions)	8j		0						

7/31/2012 11:39 AM FROM: 1-203-356-1045 Pension Associates TO: 1-845-561-6168 PAGE: 005 OF 005

_	ŧΙV								
9a		Plan Characteristics							
		plan provides pension benefits, enter the applicable pension 2E plan provides welfare benefits, enter the applicable welfare							
****			· · · · · · · · · · · · · · · · · · ·						
Par	-	Compliance Questions			Yes	No	Τ	Amount	
10		ring the plan year; is there a failure to transmit to the plan any participant conti	rihitiane within the time ne	rind described in	199	1	 	Amount	
a b	29 We	CFR 2510.3-1027 (See instructions and DOL's Voluntary Fi re there any nonexempt transactions with any party-in-inter	lductary Correction Program est? (Do not include trans	n)	Oa Ob	x			
		line 10a.)			0c	x	 		
d	Did	s the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the pla lishonesty?	n's fidelity bond, that was	aused by fraud	Dd .	x			
е	เกรเ	re any fees or commisions paid to any brokers, agents, or or grance services or other organization that provides some or nuctions.)	all of the benefits under the	e plan? (See	0e	x		***	************
f		the plan failed to provide any benefit when due under the			Of	x			
g	Did	the plan have any participant loans? (If "Yes," enter amour	nt as of year end.)		09	x			
h	If th	is is an individual account plan, was there a blackout period 0.101-3.)	d? (See instructions and 2	CFR	0h	x	7 = 3 5 - 7 - 7 - 1	T. A. S.	
j	exc	on was answered "yes," check the box if you either provide eptions to providing the notice applied under 29 CFR 2520.	d the required notice or on 101-3	្សា មាន	01				
2art		Pension Funding Compliance							
11	550	, , , , , , , , , , , , , , , , , , , ,	<u> </u>		<u> </u>	· · ·			X No
12	(If "	nis a defined contribution plan subject to the minimum fundi Yes," complete 12a or 12b, 12c, 12d, and 12e below, as ap	plicable.)						X No
a H u	gran	waiver of the minimum funding standard for a prior year is lating the waiver		Month	, and en	ter the Day		Year	***************************************
b		er the minimum required contribution for this plan year			[12b		*·V	
C		er the amount contributed by the employer to the plan for th				12c			
d	Sub neg	tract the amount in line 12c from the amount in line 12b. Er afive amount)	nter the result (enter a minu	is sign to the left of a	[12d		- Laure	
		the minimum funding amount reported on line 12d be met			<u> </u>	1 .	Yes	∐No_	∐N/A
art	VII	Plan Terminations and Transfers of Ass	ets					E 8	
За		a resolution to terminate the plan been adopted in any plan						, ⊠Yes	□No
		es," enter the amount of any plan assets that reverted to the				13a	0		
	of th	e all the plan assets distributed to participants or beneficiar re PBGC? uring this plan year, any assets or liabilities were transferred				rol		. 🔲 Yes	X No
		th assets or liabilities were transferred. (See Instructions.) Name of plan(s):	, A. C.		13	c(2) E	IN(s)	130(3)	PN(s)
	3011	realite of plants).							
					······································		· · · · · · · · · · · · · · · · · · ·		
	A	penalty for the late or incomplete filing of this return/re	nort will be assessed un	ess reasonable caus	e is esta	blishe	d.		····
nder B or	pena Sche	ities of perjury and other penalties set forth in the instruction dule MB completed and signed by an enrolled actuary, as w	ns. I declare that I have ex	mined this return/repo	ort, inclus	ling, if	applicable	, a Schedule wledge and	
		ue, correct, and complete.	7/3/1/	Umangi Patel,	M.D.		·	····	***********
SIGI		Land of the collections	Date	Enter name of individ		ing as	plan admir	nistrator	
HER	E 2	ignature of plan administrator	7/3/1/2	Umangi Patel,		9			
SIGN	22	innteres of amployar/plan sponsor	Date	Enter name of individ		ing as i	emolover o	r nien snons	iOf

No.: R572