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 in ac	cordance wit	h the instructions to the Form 5500	O-SF.	'				
Pa	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/	2011	and ending 1.	2/31/2	011				
Α	This return/report is for:	☐ a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan			
	This return/report is:	=	eturn/report	Į.		•			
Ь		H	•						
	an amended return/report	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 (enter descr	iption)							
Pa	art II Basic Plan Information—enter all requested info	ormation							
	Name of plan			1b	Three-digit				
	OLOGY & HEMATOLOGY OF WHITE PLAINS, PLLC PROFIT S	SHARING PLA	N		plan number				
					(PN) ▶	001			
				1c	Effective date of	plan			
					01/01/	2002			
	Plan sponsor's name and address; include room or suite number	er (employer, it	for a single-employer plan)	2b	Employer Identif		∍r		
ONC	COLOGÝ & HEMATOLOGY OF WHITE PLAINS, PLLC				(EIN) 13-412	20572			
				2c	Sponsor's teleph				
	WESTCHESTER AVENUE, SUITE 411				914-684				
WHI	TE PLAINS, NY 10604			2d	Business code (າຣ)		
					62111				
	Plan administrator's name and address (if same as plan sponso OLOGY & HEMATOLOGY OF WHITE PLAINS, PLLC 244 WES			3b	Administrator's E				
ONC		LAINS, NY 10		30					
				30	Administrator's to 914-684		ibei		
4	If the name and/or EIN of the plan sponsor has changed since t	report filed for this plan, enter the	4b EIN						
-	name, EIN, and the plan number from the last return/report.	o idot i otairi,	repert med for time plant, erries time						
а	Sponsor's name			4c	PN				
5a	Total number of participants at the beginning of the plan year			5a					
b	Total number of participants at the end of the plan year			5b					
С	Number of participants with account balances as of the end of t		•				25		
•	complete this item)		·	5c			25		
6a	Were all of the plan's assets during the plan year invested in el	ligible assets?	(See instructions.)			X Yes	No		
b	Are you claiming a waiver of the annual examination and report	t of an indeper	ndent qualified public accountant (IQF	PA)			1		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibi	lity and condit	ions.)			X Yes	No		
_	If you answered "No" to either 6a or 6b, the plan cannot us	e Form 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	945640			1020009)		
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7с	945640			1020009	i .		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:		, ,		(-/ -				
	(1) Employers	8a(1)	55441						
	(2) Participants	8a(2)	70455						
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)		-1091						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					124805			
d	Benefits paid (including direct rollovers and insurance premium:								
u	to provide benefits)		49947						
е	Certain deemed and/or corrective distributions (see instructions								
f	Administrative service providers (salaries, fees, commissions)		489						
g	Other expenses								
	Total expenses (add lines 8d, 8e, 8f, and 8g)					50436			
h :						74369			
! :	Net income (loss) (subtract line 8h from line 8c)					74309			
J	Transfers to (from) the plan (see instructions)	······ 8j							

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Page	2	- [1	
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Part IV	Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2F 2G 2J 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	During the plan year:		Yes	No		Amo	ount	
a	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				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
;	Was the plan covered by a fidelity bond?	10c	Χ				1	00000
I	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					7
	Has the plan failed to provide any benefit when due under the plan?	10f		X				
J	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					10768
1	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
	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						
t '	VI Pension Funding Compliance			<u> </u>				
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						.,	
		e or se	ction 3	302 of I	ERISA?	'	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	302 of I	ERISA?	' ∐	Yes	X No
1	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	ctions,	and e	nter th	e date	of the le	tter rulir	ng
l	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions,	and e	enter th Day	e date	of the le	tter rulir	ng
y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	ctions, th	and e	nter th Day	e date	of the le	tter rulir	ng
i y)	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions,	and e	enter th Day	e date	of the le	tter rulir	ng
l ' y') 	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, ith	and e	nter th Day	e date	of the le	tter rulir	ng
у) ;	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions,	and e	nter th Day 12b 12c 12d	e date	of the le Yea	tter rulir	ng
1 ; y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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 negative amount)	ctions,	and e	nter th Day 12b 12c 12d	e date	of the le Yea	tter rulir	ng ——
afy D	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions,		12b 12c 12d	e date	of the le Yea	tter rulir	ng ——
i i i i i	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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 negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a		12b 12c 12d	e date	of the le Yea	tter rulir	ng ——
i y y y y y y y y y y y y y y y y y y y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d	e date	of the le Yea	tter rulir	ng
y y t \	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d	e date	of the le Yea	tter rulir	ng
: y : ; ! : <u>t \</u>	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d	e date	of the le Yea	tter rulir	ng
f y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d	Yes	of the le Yea	tter rulir	N/A N/O
fy Octive	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions on the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.)	of a	and e	12b 12c 12d	Yes	of the le Yea	tter rulir r No	N/A N/O
1 y y ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions on the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.)	of a	and e	12b 12c 12d	Yes	of the le Yea	tter rulir r No Yes [N/A N/O

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/02/2012	SARA SADAN
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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

Pi	art I	Annual Repor	Identification Information					<u> </u>				
			iscal plan year beginning	01/01/2	011	and ending		12/31/20:	1			
Δ	This return	n/report is for:	X a single-employer plan	a multiple	-employer plai	n (not multiemployer)		a one-partici	nant plan			
_		•	the first return/report	=	eturn/report	(not maidomployor)		U a one paraor	oant plan			
Ь	This return	meport is:	- H	=	•							
_			an amended return/report	= '	•	report (less than 12 mo	ontns)	_				
С	C Check box if filing under:							DFVC progra	ım			
			special extension (enter descrip	tion)								
Pa	art II E	Basic Plan Inf	ormation—enter all requested infor	mation	<u> </u>							
1a	Name of p	płan					1b	Three-digit				
	Oncolo	gy & Hemato	ology of White Plains,	PLLC				plan number (PN)				
	Profit Sharing Plan								001			
		,					10	1c Effective date of plan 01/01/2002				
22	Plan snor	senr's name and a	ddress; include room or suite number	/amployer it	for a single-er	mplayor plan)	2h					
		gy & Hemato		(employer, ii	ioi a siligie-ei	inployer planty	20	Employer Identi (EIN) 13-412				
	White	Plains, PLI	C 3				20	Sponsor's telep				
								(914) 684-				
	244 We	stchester <i>P</i>	Avenue, Suite 411				2d	Business code	see instructions)			
	White	Plains			NY :	10604		621111	,,			
3a		inistrator's name a	nd address (if same as plan sponsor,	enter "Same	e")		3b	Administrator's	EIN			
	Same											
							3c Administrator's telephone numi					
4	If the nan	ne and/or FIN of th	e plan sponsor has changed since the	e last return/	report filed for	this plan, enter the	4h	EIN				
•			imber from the last return/report.	J IDOL TOLOMI	roport mod ror	and prair, orner are						
а	Sponsor's	s name					4c	PN				
5a	Total nun	nber of participant	s at the beginning of the plan year			***************************************	5a					
b	Total nun	nber of participants	s at the end of the plan year			-44-155-415-4114	5b	2				
C	Number	of participants with	account balances as of the end of the	e plan year (defined benefit	t plans do not						
	complete	this item)			····	,	5с		25			
_			ts during the plan year invested in elig		•	•		.,,	X Yes ∐ No			
þ			of the annual examination and report of						X Yes ∏ No			
			6? (See instructions on walver eligibilit either 6a or 6b, the plan cannot use	-	-				W 1eg □ 140			
Pa		inancial Infor		1 01111 0500	or and mase	iiistead ase i omi oo	-					
7	-	ets and Liabilities			(a) B	eginning of Year	\top	(h) End	of Year			
' a				7a	(4) D	945,64	<u> </u>	(B) Ella	1,020,009			
	•						╅		_,,			
C	•		ne 7b from line 7a)			945,64			1,020,009			
8		•		/6			1	4				
a		expenses, and rra	Insfers for this Plan Year		<u> </u>	a) Amount	+	(D)	Total			
_				8a(1)		55,44	1 .					
	(2) Partic	cipants				70,45	.5	•				
		•	ers)			,	╗					
b		•	,			(1,091	<u> </u>	·				
С		, ,	1), 8a(2), 8a(3), and 8b)				1	-	124,805			
d			ect rollovers and insurance premiums	···			+-					
				<u>8d</u>		49,94	7					
ę	Certain d	eemed and/or con	ective distributions (see instructions).	8e			_ ⊢					
f	Administr	ative service provi	ders (salaries, fees, commissions)	8f		48	9					
g	Other exp	oenses		8g				<u> </u>	_			
h	Total exp	enses (add lines 8	id, 8e, 8f, and 8g)				T-		50,436			
i			line 8h from line 8c)				\top		74,369			
j			(see instructions)				1-					

	Form 5500-SF 2011	Page 2 -				_			
Par	IV Plan Characteristics			•					
9a	If the plan provides pension benefits, enter the applicable pension fea	ature codes from the	List o	f Plan Char	acteris	tic Co	des in	the instructi	ons:
b	2A 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare feat	ture codes from the L	ist of	Plan Chara	cterist	ic Cod	es in t	he instructio	ns:
Part	V Compliance Questions							<u> </u>	
10	During the plan year:					Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribution	ns within the time pe	riod d	escribed in				-	
	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducia	•	•		10a		X		
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)				10b		х		
C	Was the plan covered by a fidelity bond?	***************************************			10c	Х			100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fld or dishonesty?	lelity bond, that was	cause	d by fraud	10d		Х		
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.)								7
f	Has the plan failed to provide any benefit when due under the plan?				10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)			10g	Х			10,768
h	If this is an individual account plan, was there a blackout period? (Se 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 2520.101-3	required notice or or	e of t	he	10i				
Part	VI Pension Funding Compliance	·							
11 12 a	Is this a defined benefit plan subject to minimum funding requiremen 5500))	quirements of sectio	n 412	of the Code	e or se	ection 3	302 of	ERISA?	Yes No
а	granting the waiver.								
lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N					_			
b	Enter the minimum required contribution for this plan year						12b		 ·
C	Enter the amount contributed by the employer to the plan for this pla	•				-	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)	•	_				12d		
е	Will the minimum funding amount reported on line 12d be met by the							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 emp	ployer this year			1	3a			
b	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?								Yes X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify l	he pla	n(s) to			
	3c(1) Name of plan(s):				╁	13	c(2) E	IN(s)	13c(3) PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/repor	rt will be assessed	unles	s reasonal	ole ca	ıse is	estab	llshed.	
SBo	r penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a , it is true, correct, and complete.								
	X / AAA Ande AN	9/27/12	Sar	a Sadar	n				
SIG HER		Date _				ual sig	ning a	s plan admir	istrator
SIG							<u> ~</u>		
HER		Date	Ente	er name of i	ndivid	ual sia	ning a	s emplover o	or plan sponsor

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor