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

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.					
Part I	Annual Report	Identification Information								
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012				
	urn/report is for:	a single-employer plan		olan (not multiemployer)		a one-particip	ant plan			
B This ret	urn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths))				
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC program	n			
		special extension (enter descri	iption)							
Part II	Basic Plan Info	rmation—enter all requested info	ormation							
1a Name	of plan	·			1b	Three-digit				
ONCOLOGY	& HEMATOLOGY O	WHITE PLAINS, PLLC PROFIT S	HARING PLAN			plan number				
						(PN) •	001			
					1c	Effective date of	•			
30 Diame		des estado de marco estado est	. /		O.L.	01/01/2				
ONCOLOGY	onsor's name and ad ' & HEMATOLOGY O	dress; include room or suite numbe F WHITE PLAINS, PLLC	er (employer, if for a single	e-employer plan)	26	2b Employer Identification Number (EIN) 13-4120572				
					2c	Sponsor's teleph				
244 WESTC	HESTER AVENUE, S	UITE 411				914-684				
WHITE PLA	INS, NY 10604				2d	Business code (s	,			
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's E	IN			
					3c	Administrator's te	elephone number			
						Administrator 5 to	Acpriorie Harriber			
		e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b	EIN				
		mber from the last return/report.								
<u> </u>	or's name				+	PN				
		at the beginning of the plan year			5a		25			
b Total r	number of participants	at the end of the plan year			5b		23			
		account balances as of the end of t	' '	•	5c		23			
6a Were	all of the plan's assets	s during the plan year invested in el	igible assets? (See instru	ctions.)			X Yes No			
_		the annual examination and report								
		? (See instructions on waiver eligibi					X Yes No			
lf you	answered "No" to e	ther line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form	5500.				
		or incomplete filing of this return	•							
		her penalties set forth in the instruc								
	true, correct, and com	nd signed by an enrolled actuary, a olete.	s well as the electronic ve	rision of this return/report	i, and	to the best of my i	mowleage and			
,	· · · · ·			1						
SIGN	Filed with authorized/	valid electronic signature.	08/21/2013	SARA SADAN						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual siç	ning as plan adm	inistrator			
SIGN										
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual sic	ning as employer	or plan sponsor			
Preparer's		name, if applicable) and address; inc			_		number (optional)			
•		,					,			

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Par	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a	Total plan assets	7a		1020009			1221730
	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	7c	102000)9			1221730
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:		(a) runount				(2) 10:01
	(1) Employers	8a(1)	6023	5			
	(2) Participants	8a(2)	7147	7 5			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	8753	85			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					219245
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1702	!9			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	49	5			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					17524
	Net income (loss) (subtract line 8h from line 8c)	8i					201721
	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics	<u> </u>	l				
	If the plan provides pension benefits, enter the applicable pension to 2A 2E 2F 2G 2J 3D	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 fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
Part	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a				10a	100	X	Amount
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X	
				10c	X		100000
d		-				X	100000
	or dishonesty?			10d			
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		7
f	Has the plan failed to provide any benefit when due under the plan			10f		X	
					X		
g h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g	Α	X	4551
	2520.101-3.)	ne require	d notice or one of the	10h			
D1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part	5 .						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
<u>11a</u>	Enter the amount from Schedule SB line 39						
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		Mon		and e	enter th Day	ne date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•					Г
b	Enter the minimum required contribution for this plan year					12b	

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С	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 resunegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?						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?			X	Yes	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?							Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_	
13c(1) Name of plan(s):				13c(2) EIN(s)			13c(3) PN(s	
Part	VIII Trust Information (optional)						•	
14a Name of trust				14b	Trust	's EIN		

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

2012

This Form is Open to Public Inspection

Part I	Annual Repo	rt Identification Info		<u> </u>			<u> </u>		
For calenda	ar plan year 2012 o	fiscal plan year beginnin	ng 0:	1/01/2012	and ending		12/31/201	2	
A This ret	um/report is for:	X a single-employe	r plan	a multiple-employer pl	an (not multiemployer)	[a one-particip	oant plan	
B This ret	urn/repart is:	lhe first return/rep	oort	the final retum/report					
		an amended retu	rn/report	a short plan year retu	rn/report (less than 12 m	nonths))		
C Check b	box if filing under:	X Form 5558	П	automatic extension		Γ	DFVC progra	em	
		special extension	ے Center description						
Part II	Racic Plan In	formation—enter all re		- <u>-</u> -					
1a Name		Chick and	equested informa	(1001)		1b	Three-digit		
	•	cology of White	Plains PI	T.C			plan number		
	. = =		1141110, 11	320			(PN) ▶	00	1
Proi.	it Sharing F	Tan					Effective date of		
20.00							01/01/2002	<u>. </u>	
	oonsors name and logy & Hemat	address; include room or	suite number (er	nployer, if for a single-	employer plan)		Employer Identif		nber
White	e Plains, PI	LC C					(EIN) 13-412 Sponsor's telep		
							(914) 684-		ei •
244	Westchester	Avenue, Suite	411				Business code (tions)
White	e Plains			NY	10604		621111		,
3a Plan a	dministrator's name	and address XSame as	s Plan Sponsor N	ame Same as Plan	Sponsor Address	3b	Administrator's I	ΞIN	
		_				<u> </u>			
						3C	Administrator's t	elephone r	umber
						i			
						l			
4 If the r	name and/or EIN of	the plan sponsor has cha	anged since the la	ast return/report filed fo	or this plan, enter the	4b	EIN		
		number from the last retu	m/report.						
a Sponse						4c	PN		
		nts at the beginning of the				5a	 		25
		nts at the end of the plan				5b	1		23
C Numb	er of participants will ete this item\	th account balances as o	f the end of the pl	lan year (defined bene	fit plans do not	5c	1		23
_							1	X Yes	Пио
		ets during the plan year i of the annual examination					1-11):/	V 162	Пио
		46? (See instructions on						X Yes	∏No
lf you	answered "No" to	either line 6a or line 6b	o, the plan canno	ot use Form 5500-SF	and must instead use	<u>Form</u>	5500.		
Caution: A	penalty for the lat	te or incomplete filing o	f this return/rep	ort will be assessed	uniess reasonable cau	ıse is e	established.		
		other penalties set forth							
	raule MB completed true, correct, and co	l and signed by an enrolle implete.	ed actuary, as we	II as the electronic ven	sion of this return/report	i, and to	o the best of my	knowledge	and
	 	11	_	1 1 1					
SIGN	× M	in rade M	<u> </u>	8/14/013	Sara Sadan				
HERE	Signature of plan	administrator /		Date	Enter name of individ	ual sigi	ning as plan adn	ninistrator	
SIGN									
HERE	Signature of emi	oloyer/plan sponsor		Date	Enter name of individ	ual sign	ning as employe	r or plan sr	onsor
Preparer's		n name, if applicable) and	d address; include				arer's telephone		
						·	•	, ,	,
1					İ				
					•				

Par	t III Financial Information						_		
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Yo	ear	
а	Total plan assets	7a	1,020	0,00	9.		:	1,22	1,730
<u>b</u>	Total plan liabilities	7b							
c	Net plan assets (subtract line 7b from line 7a)	7c	1,020	0,00	19			1,22	1,730
_8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			·-	(b) Total		
	Contributions received or receivable from:	•							
	(1) Employers	8a(1)	î	0,23	_		•		
	(2) Participants	8a(2)	····	1,47	7				
	(3) Others (including rollovers)	8a(3)		7 6 3	E		•		
	Other income (loss)	8b	•	7,53	,3			211	245
	Benefits paid (including direct rollovers and insurance premiums	8c			+				2,245
	to provide benefits)	8d	1	7,02	9 .		•		
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		49	5				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	7,524
	Net income (loss) (subtract line 8h from line 8c)	8i			7			20:	l,721
]	Transfers to (from) the plan (see instructions)	8j					-		
Par	t IV Plan Characteristics				•				
	If the plan provides pension benefits, enter the applicable pension f 2A 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions								
10	During the plan year:				Yes	No	Ame	ount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within	n the time period described in rection Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х			10	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		Х			0,000
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	er person	s by an insurance carrier, efits under the plan? (See	10e	Х				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	of year e	nd.)	10g	Х				4,551
h	If this is an individual account plan, was there a blackout period? (32520.101-3.)			10h		Х			
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	d notice or one of the	10i				••	
Part									
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)							Yes	 ∏No
11a	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	g amortize	ed in this plan year, see instruc	ctions th	, and e	enter (h Day	ne date of the le Yea		ng
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.						
<u>b</u>	Enter the minimum required contribution for this plan year	<u></u>	····			12b			

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_ C E	nter the amount contributed by the employer to the plan for this plan year	120	: T			
d s	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a egative amount)	120	4			
e W	ill the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	□ N/A
Part V	Plan Terminations and Transfers of Assets					
13a H	as a resolution to terminate the plan been adopted in any plan year?	Х	Ye	s 🗌	No	
	"Yes," enter the amount of any plan assets that reverted to the employer this year	136	<u> </u>			0
	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the the PBGC?	contro	ol		Yes	s 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) hich assets or liabilities were transferred. (See instructions.)	to				
	, , , , , , , , , , , , , , , , , , , ,	3c(2)	EIN	(s)	13c(3) PN(s)
					<u> </u>	
	II Trust Information (optional)					
14a Na	me of trust	14b	Trus	st's EIN		

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