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

			Complete all entries		ince with the instri	actions to the Form 55	UU-5F.					
	art I		Identification Informat				07/04/	10010				
For	calenda	ar plan year 2012 or fi		1/01/2013			07/31/	2013				
Α	This retu	urn/report is for:	a single-employer plan	а	multiple-employer	plan (not multiemployer)		a one-partici	oant plan			
В	This retu	urn/report is:	the first return/report	× th	ne final return/repor	t						
			an amended return/repor	t 🔀 a	short plan year retu	rn/report (less than 12 n	nonths)				
С	Check b	oox if filing under:	Form 5558	а	utomatic extension			DFVC progra	ım			
		•	special extension (enter	description))			_				
Pa	art II	Basic Plan Info	rmation—enter all requeste	ed informati	ion							
1a	Name						1b	Three-digit				
			F WHITE PLAINS, PLLC PRO	FIT SHARI	NG PLAN			plan number				
								(PN) •	001			
							1c	Effective date o	•			
22	Dlan er	onsor's name and ad	dress; include room or suite n	umbor (om	player if for a single	o omployer plan)	2h	01/01				
ONC	OLOGY	' & HEMATOLOGY O	F WHITE PLAINS, PLLC	umber (em	ployer, ir for a sirigit	e-employer plant	20	Employer Identi (EIN) 13-41	20572			
							20	2c Sponsor's telephone number				
244 \	WESTC	HESTER AVENUE, S	UITF 411					914-68				
WHI ⁻	TE PLAI	NS, NY 10604	···				2d	Business code	see instructions)			
								62111				
3a	Plan ac	dministrator's name ar	nd address XSame as Plan S	ponsor Nar	me Same as Pla	an Sponsor Address	3b	Administrator's	EIN			
							20	A -1 '- '- ((1 1 1 1	International Control			
							30	Administrator's	telephone number			
4	If the n	ame and/or EIN of the	e plan sponsor has changed s	ince the las	st return/report filed	for this plan, enter the	4b	EIN				
_			mber from the last return/report	rt.			4-	5				
		or's name						PN				
			at the beginning of the plan y				· <u>5a</u>		23			
b			at the end of the plan year				· 5b		0			
С		•	account balances as of the en		• `	•	. 5c		0			
6a	Were	all of the plan's assets	s during the plan year invested	d in eligible	assets? (See instru	ictions.)			X Yes No			
b			f the annual examination and i						N v □ v.			
			? (See instructions on waiver						X Yes No			
_			ither line 6a or line 6b, the p									
			or incomplete filing of this re						abla a Cabadula			
			her penalties set forth in the in nd signed by an enrolled actua									
beli	ef, it is t	rue, correct, and comp	olete.	•		·		•	· ·			
CIC	. NI	Filed with authorized/	valid electronic signature.		08/22/2013	SARA SADAN						
SIG		Signature of plan a			Date	Enter name of individ	dual si	anina as nlan adr	ninistrator			
eic	·Ai	Orginature or planta	diffinition delor		Date	Enter name of marvi	addi oi	griing as pian aai	minotrator			
SIG		0'			Date	Fatana and a Carlotta	de la Cart					
Pre	narer's i	Signature of emplo	nyer/pian sponsor name, if applicable) and addres	ss: include	Date	Enter name of individer (optional)			number (optional)			
110	parcioi	name (morading mm m	arro, ii applicabio, aria adaro.	55, iriolado	room or saite name	ci (optional)	' ' '	parer o telepriorie	namber (optional)			

Form 5500-SF 2012 Page **2**

Por	+ III Einangial Information		-					
	t III Financial Information Plan Assets and Liabilities		(a) Baginning of Vac		1		(h) End of Voor	
	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year	
	Total plan liabilities	7a 7b	122173	,			U	
	C Net plan assets (subtract line 7b from line 7a)		122173	80			0	
	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount			_		
	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b	3646	9				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					36469	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	125801	3				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	18	6				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1258199	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-1221730	
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 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 for	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	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	X		400000	
d				100			100000	
	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		X		
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		X		
i	If 10h was answered "Yes," check the box if you either provided the	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 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	1 es 140	
12	Is this a defined contribution plan subject to the minimum funding					302 of	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 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		

	Form 5500-SF 2012 Page 3 - 1				
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 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?	X	res 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		X Yes	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):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

Form 5500-SF

Department of the Treasury

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.

2012

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2013 07/31/2013 and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: B This return/report is: the first return/report the final return/report a short plan year return/report (less than 12 months) an amended return/report Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number Oncology & Hematology of White Plains, PLLC 001 (PN) ▶ Profit Sharing Plan 1c Effective date of plan. 01/01/2002 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Oncology & Hematology of (EIN) 13-4120572 White Plains, PLLC 2c Sponsor's telephone number (914) 684-8100 244 Westchester Avenue, Suite 411 2d Business code (see instructions) 621111 3a Plan administrator's name and address XSame as Plan Sponsor Name ☐ Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number 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 name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a Total number of participants at the beginning of the plan year 23 5a Total number of participants at the end of the plan year 0 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 0 complete this item). No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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	ham lader, M)	8/14/1013	Sara Sadan				
HERE	Signature of plan administrator	Date	Enter name of individ	individual signing as plan administrator			
SIGN							
HERE	Signature of employer/plan sponsor	Dale	Enter name of individual signing as employer or plan spe				
Preparer's name (including firm name, if applicable) and address; inc		room or suite numbe	r (optional)	Preparer's telephone number (optional)			
	•						
For Paperw	ork Reduction Act Notice and OMB Control Numbers, see the instru	ctions for Form 5500-	SF.	Form 5500-SF (2012)			

Par	t III Financial Information			-			<u> </u>
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	Ţ <u></u>		(b) End of Year
а	Total plan assets	7a	1,221	L,73	0		0
<u>b</u>	Total plan liabilities	7b					
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1,221	L,73	0		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:						
	(1) Employers	8a(1)			<u> </u>	-	
	(2) Participants	8a(2)			9		
	(3) Others (including rollovers)	8a(3)	2/	- 10	 		
	Other income (loss)	8b	31	5,46	7		36 460
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	· · · · · · · · · · · · · · · · · · ·		╂╾		36,469
	to provide benefits)	8d	1,258	3,01	3		
е	Certain deemed and/or corrective distributions (see instructions)	8e				_	
f	Administrative service providers (salaries, fees, commissions)	Bf		18	6		
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1,258,199
	Net income (loss) (subtract line 8h from line 8c)	8î					(1,221,730)
j	Transfers to (from) the plan (see instructions)	. 8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension	fealure co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:
	2A 2E 2F 2G 2J 3D						
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	ctenst	ic Cod	ies in t	he instructions:
Part	V Compliance Questions						··
10	During the plan year:	·			Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		Х	
	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	fidelity box	nd, that was caused by fraud	100			100,000
	or dishonesty?			10d		Х	
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		Х	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	·
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end \	10g		Х	
	If this is an individual account plan, was there a blackout period?		·	iog			
	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)						
<u>11a</u>	Enter the amount from Schedule SB line 39					11a	
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 beir granting the waiver.		Man		, and o	enter th Day	ne date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Scheduk						
b	Enter the minimum required contribution for this plan year					12b	<u> </u>

	Form 5500-SF 2012 Page 3 -				
	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 negative amount)	the left of a	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?		XY	es No)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	-	1
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or b of the PBGC?				X Yes No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), in which assets or liabilities were transferred. (See instructions.)				
	I3c(1) Name of plan(s):	13	3c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)	•			
14a	Name of trust		14b Tr	ust's EIN	