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

F	Pension Be	nefit Guaranty Corporation	▶ Complete all entries in acc	cordance	with the instruc	tions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
P	art I	Annual Report I	Identification Information						
For	calenda	ar plan year 2012 or fis	cal plan year beginning 01/01/2	2012		and ending 1	12/31/2	2012	
		urn/report is for:	X a single-employer plan			an (not multiemployer)		a one-particip	oant plan
В	This ret	urn/report is:	the first return/report	H	nal return/report				
			an amended return/report	a shor	t plan year return	/report (less than 12 m	onths)		
С	Check b	oox if filing under:	× Form 5558	auton	natic extension			DFVC progra	am
			special extension (enter descri	iption)					
Pá	art II	Basic Plan Infor	rmation—enter all requested info	ormation					
	Name		•				1b	Three-digit	
MID '	VALLEY	ONCOLOGY, HEMAT	TOLOGY, PC PROFIT SHARING F	PENSION	PLAN			plan number	
								(PN) •	004
							1c	Effective date o	•
22	Dlanar			r (omples)	or if for a single	ampleyer plan)	2h	01/01	
MID'	Pian Sp VALLEY	ONCOLOGY HEMAT	dress; include room or suite numbe OLOGY PC	er (employe	er, ii ior a sirigie-e	employer plan)	20	Employer Identification (EIN) 14-17	98359
							20	(=114)	
611	CIDNEY	′ AVENUE					20	Sponsor's telep	
		H, NY 12550					2d	Business code ((see instructions)
								62111	` '
3a	Plan a	dministrator's name and	d address XSame as Plan Spons	or Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
			_		_				
							3c	Administrator's	telephone number
4	If the n	name and/or FIN of the	plan sponsor has changed since t	he last ret	urn/report filed fo	r this plan enter the	4h	EIN	
•			nber from the last return/report.	no last ret	arrivioport mod to	i tillo piari, critor tric	70	LIIN	
а	Sponso	or's name					4c	PN	
5a	Total r	number of participants a	at the beginning of the plan year				5a		3
b	Total r	number of participants a	at the end of the plan year				5b		0
С			account balances as of the end of the		,	•	_		
	compl	ete this item)		<u></u>	<u></u>		5c		0
		· ·	during the plan year invested in el	-	,	•			X Yes No
b			the annual examination and report (See instructions on waiver eligibile						X Yes No
			ther line 6a or line 6b, the plan ca	•					<u> </u>
Cai			or incomplete filing of this return						
			ner penalties set forth in the instruct						able a Schedule
SB	or Sche	dule MB completed an	d signed by an enrolled actuary, as						
beli	ef, it is t	rue, correct, and comp	lete.						
SIG	:N	Filed with authorized/v	valid electronic signature.	10	0/08/2013	UMANGI PATEL			
HE					oto		ual air		miniatratar
		Signature of plan ad			ate	Enter name of individ	uai sig	ning as pian adr	ninistrator
SIG		Filed with authorized/v	valid electronic signature.	11	0/08/2013	UMANGI PATEL			
		Signature of employ			ate	Enter name of individ			
Pre	parer's	name (including firm na	ame, if applicable) and address; inc	ciude roon	n or suite number	(optional)	Prep	arer's telephone	number (optional)

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F0III 3300-3F 2012		rage Z		_					
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	ear	
a Total plan assets	7a	1976							0
b Total plan liabilities	7b		0					(0
C Net plan assets (subtract line 7b from line 7a)		1976	5					(0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
a Contributions received or receivable from:		•							
(1) Employers			0						
(2) Participants			0						
(3) Others (including rollovers)			0						
b Other income (loss)			3						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								3	3
d Benefits paid (including direct rollovers and insurance premiur to provide benefits)		1976	8						
e Certain deemed and/or corrective distributions (see instruction			0						
f Administrative service providers (salaries, fees, commissions)			0						
g Other expenses			0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)								19768	8
i Net income (loss) (subtract line 8h from line 8c)								-1976	
j Transfers to (from) the plan (see instructions)			0						
Part IV Plan Characteristics	, 0, 1								_
Part V Compliance Questions									
During the plan year:				Yes	No		Am	ount	
a Was there a failure to transmit to the plan any participant cor 29 CFR 2510.3-102? (See instructions and DOL's Voluntary)	y Fiduciary Correc	tion Program)	10a		X				
b Were there any nonexempt transactions with any party-in-int on line 10a.)	•	-	10b		X				
C Was the plan covered by a fidelity bond?			10c		X				
d Did the plan have a loss, whether or not reimbursed by the p or dishonesty?			10d		X				
e Were any fees or commissions paid to any brokers, agents,									
insurance service or other organization that provides some of	or all of the benefits	s under the plan? (See	4.0		Χ				
instructions.)			10e		X	 			
f Has the plan failed to provide any benefit when due under the	·		10f						
g Did the plan have any participant loans? (If "Yes," enter amo			10g		X				
h If this is an individual account plan, was there a blackout per 2520.101-3.)	•		10h		Χ				
i If 10h was answered "Yes," check the box if you either provide									
exceptions to providing the notice applied under 29 CFR 252	20.101-3		10i						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requestion 5500) and line 11a below)								Yes	X
11a Enter the amount from Schedule SB line 39					11a				
12 Is this a defined contribution plan subject to the minimum fur	nding requirements	s of section 412 of the Code	or se	ction 3	302 of	ERISA?		Yes	X
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e b									
If a waiver of the minimum funding standard for a prior year is granting the waiver.	s being amortized	in this plan year, see instruc		and e	nter th Day		f the le		ling
If you completed line 12a, complete lines 3, 9, and 10 of Sch									
b Enter the minimum required contribution for this plan year			<u></u>		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 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 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 section 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

: '	Annual Report Identification Information	1				-	
For	calendar plan year 2012 or fiscal plan year beginning		01/01/2012	and ending	1:	2/31/2012	
A	This return/report is for:	а	multiple-employer p	lan (not multiemployer)	[a one-particip	oant plan
В	This return/report is:	x th	he final return/report				
	an amended return/report	a	short plan year retu	rn/report (less than 12 m	onths)		
C	Check box if filing under: 🗽 Form 5558	a	utomatic extension		[DFVC progra	ım
	special extension (enter description)	ription)					
	Basic Plan Information enter all requested	inform	ation				
1a	Name of plan			·	1b	Three-digit	
	Mid Valley Oncology, Hematology, PC Profi	t Sh	aring Pension	Plan		(PN) ►	004
				i	1c	Effective date of 01/01/2005	f plan
2a	Plan sponsor's name and address; include room or suite numb Midvalley Oncology Hematology PC	er (em	ployer, if for a single	-employer plan)	2b	Employer identi (EiN) 14-17:	
	611 Gidney Avenue		2c	Sponsor's telepi (845) 561-			
	oli Gidney Avenue				2d		(see instructions)
$\overline{}$	Newburgh NY 12550				<u> </u>	621111	
3a	Plan administrator's name and address X Same as Plan Sp	опвог М	Name Same as I	Plan Sponsor Address	3Ь	Administrator's I	EIN
						A.d., 1.1.4444.	A.A A
					3C	Administrators	telephone number
_							
4	If the name and/or EIN of the plan sponsor has changed since name, EIN, and the plan number from the last return/report.	the las	t return/report filed for	or this plan, enter the	4b	EIN	
а	Sponsor's name				4c	PN	
	Total number of participants at the beginning of the plan year	********		*************************************	5a	T	3
b	Total number of participants at the end of the plan year				5b		0
	Number of participants with account balances as of the end of complete this item)	•	,	•	5c		0
6a	Were all of the plan's assets during the plan year invested in el	ligible a	assets? (See instruct	ions.)			X Yes ☐ No
b	· · · · · · · · · · · · · · · · · · ·		•	d public accountant (IQP	' A)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligible of you answered "No" to either line 6a or line 6b, the plan or	•	- ********	and must instead use E			XYes No
Ca	ution: A penalty for the late or incomplete filing of this retur						
	nder penalties of perjury and other penalties set forth in the instru						able, a Schedule
SB	or Schedule MB completed and signed by an enrolled actuary,						
() b	lief, it is true, correct, and complete.	Jel 1	г	- , n			
	Went 11		- 10/12	Umangi Patel, M.			
	Signature of plan administrator	-	Date 10/8/13	Enter name of individua		ng as plan admir	nistrator
	Unay M- Vatel	\longrightarrow	- 1.1.01.10	Umangi Patel, M.			
Dr.	Signature of employer/plan sponsor eparer's name (including firm name, if applicable) and address; in		Date (0/6/13	Enter name of individua	<u> </u>	<u> </u>	<u> </u>
۲"	sparer's name (including inm name, ii applicable) and address, ii	NGGGG	TOOM OF SUITE HUMBE	ar (Opoonal)	Prepa	arers telephone	number (optional)
					100		

	Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year	
а	Total plan assets	7a	19,70	65					0
ь	Total plan liabilities	7b		0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	19,70	65					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	Ċ			(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)		0					***
	(2) Participants	8a(2)		0	2				
	(3) Others (including rollovers)	8a(3)		0					1.000
b	Other income (loss)	8b		3	3150				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			Ř				3
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	19,70	58				4 21/20	
8	Certain deemed and/or corrective distributions (see instructions)	8e		0	15 (A)				
f	Administrative service providers (salaries, fees, commissions)	8f		0		با با			
g	Other expenses	8g		0	$\log N$				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						19,	768
i	Net income (loss) (subtract line 8h from line 8c)	81			Ž.			(19,7	65)
j	Transfers to (from) the plan (see instructions)	8j		0		6		ar ying	
150000	Plan Characteristics								-
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	eristic	Code	s in th	ne instruction	ns:	
	2D 2E 2F								
ь	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Character	ristic	Codes	in the	instructions	5;	
	Compliance Questions								
10	During the plan year:				Yes	No		mount	
	Was there a failure to transmit to the plan any participant contribut	ions within	the time period described in	, i	1				
— <u>k</u>	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest?			10a		х			
	on line 10a.)	*************	*******************************	10b		X			
	Was the plan covered by a fidelity bond?			10c		x			
_	Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?			10d		x			
	 Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) 			10e		x			
f	Has the plan failed to provide any benefit when due under the plan	1?	144414144444444	10f		х	"		
	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х			
<u>-</u>		See instru	ctions and 29 CFR	10h		x	region in a Language Language		
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	e required		10i					
C.	Pension Funding Compliance						*****		
11								Yes	X No
11	a Enter the amount from Schedule SB line 39					11a			
12							RISA?	Yes	X No
		-							
a	(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	g amortize	ed in this plan year, see instructi		and er	ter th De		letter ruli Year	ng
11	you completed line 12a, complete lines 3, 9, and 10 of Schedule						,	. 50/	
					П	12b			
	tro minimum regular contribution for the plan year			*******	*****	140			

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	Enter the amount contributed by the employer to the plan f	for this plan year			12c			
ď	Subtract the amount in line 12c from the amount in line 12l negative amount)	b. Enter the result (enter a		tofa	12d			
e	Will the minimum funding amount reported on line 12d be	met by the funding deadling				Yes 🗔] No [] N/A
13a	Plan Terminations and Transfers of A Has a resolution to terminate the plan been adopted in any	y plan year?		****************	X Ye	es 🗆 N	0	
b	If "Yes," enter the amount of any plan assets that reverted Were all the plan assets distributed to participants or bene of the PBGC?	eficiaries, transferred to an		under the co	13a ntrol	Г	X Yes [
С	If during this plan year, any assets or liabilities were transfe which assets or liabilities were transferred. (See instruction	erred from this plan to and	ther plan(s), identify	the plan(s) to		-		
	I3c(1) Name of plan(s):			130	(2) EIN(s)	13c(3)	PN(s)
Profession and	Trust Information (optional)							
14a Name of trust					14b Tr	rust's EIN		