## 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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P		dance witl	n the instructions to the Form 5500	)-SF.		
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	011 <del>-</del>	
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan
В	This return/report is: the first return/report	the final r	eturn/report			
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)		
C	Check box if filing under: Form 5558	automatic	extension	Ī	DFVC progra	m
	special extension (enter descriptio	n)		-	<u> </u>	
Pa	urt II Basic Plan Information—enter all requested informa	ation				
	Name of plan			1b	Three-digit	
BAY	RADIATION ONCOLOGY, P.L.L.C. PENSION PLAN				plan number	
					(PN) ▶	002
				1C	Effective date of 01/01/	•
	Plan sponsor's name and address; include room or suite number (er	mplover if	for a single-employer plan)	2h	Employer Identif	
	RADIATION ONCOLOGY, P.L.L.C.	inployer, ii	Tot a single employer plant		(EIN) 11-35	
					Sponsor's telep	none number
320 I	OCUST LANE				516-621	
	LYN HEIGHTS, NY 11577			2d	Business code (	see instructions)
					62111	1
3a	Plan administrator's name and address (if same as plan sponsor, er RADIATION ONCOLOGY, P.L.L.C. 320 LOCUST		3")	3b	Administrator's E	EIN 56968
DAT	ROSLYN HEI		′ 11577	30		elephone number
					516-621	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN	
_	name, EIN, and the plan number from the last return/report.			4c	DNI	
	Sponsor's name  Total number of participants at the beginning of the plan year			5a	TIN TIN	
b	Total number of participants at the end of the plan year					
	Number of participants with account balances as of the end of the p			5b		
С	complete this item)	• (	•	5с		
6a	Were all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report of a					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes   No
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	<i>.</i>		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Voor
a	Total plan assets	7a	874338		(b) Liid	0
h	Total plan liabilities		0			0
C	Net plan assets (subtract line 7b from line 7a)	7c	874338			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:		, ,		(≈/ 1	
	(1) Employers	8a(1)	0			
	(2) Participants	8a(2)	0			
	(3) Others (including rollovers)	8a(3)	0			
b	Other income (loss)	8b	111495			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				111495
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	985833			
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	0			
f	Administrative service providers (salaries, fees, commissions)	. 8f	0			
g	Other expenses	. 8g	0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				985833
i	Net income (loss) (subtract line 8h from line 8c)	8i				-874338
j	Transfers to (from) the plan (see instructions)	8j	0			
				_		

Form	5500	SF	201

Page 2 -	1	
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Part IV	Plan	Characteri	ietice
railiv	riaii	Character	เอเเตอ

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	v	Compliance Questions							
0		ng the plan year:		Yes	No		Δ	mount	,
	Was	there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c		X				
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See auctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х				
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance			•				
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Ye	s X N
lf y	If a w grant ou co	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.  Monompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  r the minimum required contribution for this plan year.	th	——					
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)		[	12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Y	'es	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted in any plan year?			X	⁄es	No		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ontrol			X Ye	s N
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	)				
1	3c(1)	Name of plan(s):		13	<b>c(2)</b> El	IN(s)		13c(	( <b>3)</b> PN(s)
		penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
Jnde	r pena	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	urn/rep	port, ir	ncludin	g, if a	pplicab	le, a So	hedule

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	Filed with authorized/valid electronic signature.	07/20/2012	SUNG I. LEE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/20/2012	SUNG I. LEE
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

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## Short Form Annual Return/Report of Small Employee Benefit Plan

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

600	► Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.		ispection		
200.725	Partil Annual Report Identification Information							
Fo	r the calendar plan year 2011 or fiscal plan year beginning	01/0	1/2011 and ending	1:	2/31/2011			
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	r) a one-participant plan				
В	This return/report is:  the first return/report	the final re	eturn/report					
	an amended return/report	-	an year return/report (less than 12 mo	nthe)				
С	Check box if filing under: Form 5558	i		/HUIS)	T			
•	-	3	extension		DFVC progra	ım		
er eie	special extension (enter description	•						
	art II Basic Plan Information enter all requested info	rmation.						
Та	Name of plan			1b	Three-digit			
	Bay Radiation Oncology, P.L.L.C. Pension Plan				plan number (PN) ▶	002		
				10	Effective date of			
			•	.	01/01/2003	μαπ		
2a	Plan sponsor's name and address; include room or suite number (en	ployer, if fo	r single-employer plan)	2b	Employer Identi	fication Number		
	Bay Radiation Oncology, P.L.L.C.				(EIN) 11-35			
				2c	Plan sponsor's t	elephone number		
	320 Locust Lane				(516) 621-3			
	,			2d	Business code (	see instructions)		
	Roslyn Heights NY 11577				621111	,-		
3a	Plan administrator's name and address (If same as plan sponsor, ent	ter "Same")		3b	Administrator's E	≣IN		
	balle							
				3c	Administrator's f	elephone number		
						orepriorio namber		
4	If the name and/or EIN of the plan sponsor has changed since the las	4 4 6		41:	<u> </u>			
•	name, EIN, and the plan number from the last return/report.	st return/rep	on filed for this plan, enter the	4D	4b ein			
	Sponsor's Name			4c PN .				
	Total number of participants at the beginning of the plan year			5a		2		
b	Total number of participants at the end of the plan year			5b		0		
C	Number of participants with account balances as of the end of the pla	ın year (defi	ned benefit plans do not	_				
6a	complete this item)	· · ·		5c	<u> </u>			
b		indonondo	e instructions.)	• • •	• • • •	X Yes No		
_	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	independer d conditions	.)			x Yes □No		
	If you answered "No" to either 6a or 6b, the plan cannot use Forn			• • •	• • • •	<u>™</u> 162		
P	irt III Financial Information				· · · · · · · · · · · · · · · · · · ·			
7	Plan Assets and Liabilities		(a) Beginning of Year	Τ	(b) End	of Year		
a	Total plan assets	. 7a	874,338	+	(5) 2110			
b	Total plan liabilities	7b			<del></del>	0		
C	Net plan assets (subtract line 7b from line 7a)	70 7c	0			. 0		
8	Income, Expenses, and Transfers for this Plan Year	. 10	874,338 (a) Amount	+	7E+ >=	<u> </u>		
а	Contributions received or receivable from:		(a) Amount	12270	(b) T	Otal		
	(1) Employers	. 8a(1)	0					
	(2) Participants	. 8a(2)	O					
	(3) Others (including rollovers)	8a(3)	0					
þ	Other income (loss)	. 8b	111,495					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1000000		117 405		
d	Benefits paid (including direct rollovers and insurance premiums					111,495		
	to provide benefits)	8d	985,833					
ę	Certain deemed and/or corrective distributions (see instructions)	. 8e	0					
f	Administrative service providers (salaries, fees, commissions)	8f	0					
g	Other expenses	. 8g	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	AMERICAN STREET			985,833		
i	Net income (loss) (subtract line 8h from line 8c)	. 81				(874,338)		
j	Transfers to (from) the plan (see instructions)	. 8i	0					
Fo	r Paperwork Reduction Act Notice and OMB Control Numbers, see	the instruc	tions for Form 5500-SF.	100/59/03	Fo	rm 5500-SF (2011)		

	Form 5500-SF 2011	Page	2		<b>-</b>			·
art	IV Plan Characteristics							
a i	the plan provides pension benefits, enter the applicable pension feature	codes from the List o	f Plan Characteris	stic C	odes in the	e instructions	<b>:</b> :	
	1A 3B 3D the plan provides welfare benefits, enter the applicable welfare feature c							
	Q					363-		*****
4-1-1-1-1-1-1-1	V Compliance Questions				Yes No		Amount	
0	During the plan year:  Was there a failure to transmit to the plan any participant contributions v	vithin the time period	described in	10a	x	E		
	And A 4000 (One implementions and DOI '6 VOLIDIAD/ FIGURISTY V	oneciusii Fivulanii		IVA				
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)			10b	Х			
_	Was the plan covered by a fidelity bond?			10c	x			
c d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity	/ bond, that was caus	sed by traud		x			
	or dishonesty?			10d				
e	Were any fees or commissions paid to any brokers, agents, or other persinsurance services or other organization that provides some or all of the	sons by an insurance henefits under the p	carrier, lan? (See		x			
	instructions.)			10e	-	_	<u> </u>	
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 ye	ear end.)		10g	x			
h	If this is an individual account plan, was there a blackout period? (See i 2520.101-3.)	nstructions and 29 C	FR · · · · · ·	10h	x			
i	If 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3.	uired notice or one o	of the	10i				
Par	tVI Pension Funding Compliance	n deme di la	ations and comple	to S	chedule Si	R (Form		
11	Is this a defined benefit plan subject to minimum funding requirements (5500))		· · · · · · · · · · · · · · · · · · ·				Yes _ □Yes	
12	Is this a defined contribution plan subject to the minimum funding requi (ff "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	.)					, —	
а		andizad in this plan v	ear, see instructio	ns, a	and enter ti I	he date of the Dav	e letter ruling Year	
,,	If a waiver of the minimum funding standard for a prior year is being an granting the waiver							
u b	the state of the s				. 12	b		
	Enter the amount contributed by the employer to the plan for this plan	year			. 12	c		
c	Subtract the amount in line 12c from the amount in line 12b. Enter the	result (enter a minus	sign to the left of	a	12	d		
	negative amount)	· · · · · · · ·		•	,	Yes	□No	□N/A
	Will the minimum funding amount reported on line 12d be met by the f	unding deadline: .						
14000000	t VII Plan Terminations and Transfers of Assets						XYes	□No
13a	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 empl	oyer this year			13	a		0
<u>_</u>	tratial and the section and an honoficiarios tra		lan, or brought un	der t	he control		K-Bross	Pira.
•	at the DDCC2			•			Yes	٧٥ است
(	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	his plan to another pi	an(s), identity the	Pian	(3) (0			
	13c(1) Name of plan(s):				13c(	2) EIN(s)	13c(3)	PN(s)
	(3c(1) Name of plantys):							
				╁				
_	ition: A penalty for the late or incomplete filing of this return/report w	vill be assessed unle	ess reasonable c	ause	is establ	ished.		4-
	ler penalties of perjury and other penalties set forth in the instructions, I do or Schedule MB completed and signed by an enrolled actuary, as well as	colors that I have eva	amined this return	/renc	rt. includin	id, it applicat	ile, a Schedule nowledge and	e <sup></sup>
beli	ef, it is true, correct, and complete.		<del></del>					
s	IGN X	X 5/11/12	SUNG I. LEE		had sienin	a on plan od-	minietrator	
2888	ERE Signature of plan administrator	Date	Enter name of ir		uai signin	y as pian adi	minatrator	
8	IGN X	x 5/11/12	SUNG I. LEE		<del></del>		se or plan and	neor –
3,693	Signature of employer/plan sponsor	Date	Enter name of ir	ndivid	dual signin	g as employe	er or plan spor	1301