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

	r Complete all entries in accord	uance with	i the manuchons to the Form 5500	-эг.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/2	2011		
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participan	t 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	nths)			
C	Check box if filing under: X Form 5558	automatic	extension		DFVC program		
	special extension (enter description	n)			_		
Pa	art II Basic Plan Information—enter all requested information	ation					
	Name of plan			1b	Three-digit		
	SAU-SUFFOLK RADIOLOGICAL ASSOC. PC 4K PS PLAN				plan number		
					(PN) •	002	
				1c	Effective date of pla		
22	Plan enancer's name and address: include room or suite number (e	mployer if	for a single employer plan)	2h	01/01/19		_
NAS:	Plan sponsor's name and address; include room or suite number (e SAU-SUFFOLK RADIOLOGICAL ASSOCIATES PC	mpioyer, ii	ioi a single-employer plan)	20	Employer Identifica (EIN) 11-22395		r
				2c	Sponsor's telephor	ne number	
20 W	/ JOHN STREET				516-226-2		
	ENHURST, NY 11757			2d	Business code (see	e instruction	s)
					621510		
	Plan administrator's name and address (if same as plan sponsor, et SAU-SUFFOLK RADIOLOGICAL ASSOCIATES PC 20 W JOHN \$		")	3b	Administrator's EIN		
INASS	LINDENHUR		757	3c	Administrator's tele		her
				00	516-226-22		oci
4	If the name and/or EIN of the plan sponsor has changed since the I	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				PN T		19
				<u>5a</u>			
b	Total number of participants at the end of the plan year		 	5b			17
С	Number of participants with account balances as of the end of the promplete this item)			5c			15
6a	Were all of the plan's assets during the plan year invested in eligib		•			X Yes	No
b	Are you claiming a waiver of the annual examination and report of		,	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	0.			
	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year 952527		(b) End of	Year 850639	
a	Total plan assets					030039	
b	Total plan liabilities		952527			850639	
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c					
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Tota	31	
а	(1) Employers	8a(1)	0				
	(2) Participants	8a(2)	33815				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b	-33135				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				680	
d	Benefits paid (including direct rollovers and insurance premiums		102569				
	to provide benefits)	. 8d	102568				
e	Certain deemed and/or corrective distributions (see instructions)	. 8e	0				
f	Administrative service providers (salaries, fees, commissions)	. 8f	0				
g	Other expenses	. 8g	0			400=05	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					102568	
į	Net income (loss) (subtract line 8h from line 8c)		_			-101888	
J	Transfers to (from) the plan (see instructions)	8i	0				

_		\sim –	
Form	5500	-S⊦	201

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

	V Compliance Questions							
0	During the plan year:		Yes	No		Am	ount	
а	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		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					10000
d	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				
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.)	10e	X					351
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 as of year end.)	10g	X					21089
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	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						
art	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					. [Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						•	_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Enter the minimum required contribution for this plan year		L	12b				
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 negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	l	No	N/A
art	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	За					
h	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ontrol			Yes	X N
-	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	he pla	n(s) to)			•	_
	which assets or liabilities were transferred. (See instructions.)							
С	which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s):		13	c(2) EII	N(s)		13c(3)	PN(s
С	(13	c(2) Ell	N(s)		13c(3)	PN(s
c	(13c(3)	PN(s

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/09/2012	AIDA SANCHEZ
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

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

2011

This Form is Open to Public Inspection

	Annual Report Identification Information					
	r the calendar plan year 2011 or fiscal plan year beginning	01/	01/2011	and ending	12	2/31/2011
A	This return/report is for. x a single-employer plan	a multipi	le-employer plan	(not multiemployer)	1	a one-participant plan
В	This return/report is:	the final	return/report			
	an amended return/report	a short p	olan year return/r	eport (less than 12 m	onths)	
С	Check box if filing under: x Form 5558	7	ic extension	. ,		DFVC program
	special extension (enter description				Ŀ	_ Si vo piogram
. 5	artili Basic Plan Information enter all requested info	•				
277.2.2	Name of plan	ormation.			46	
						Three-digit plan number
	Nassau-Suffolk Radiological Assoc. PC 4K PS P	lan				(PN) ▶ 002
						Effective date of plan
2a	Plan sponsor's name and address; include room or suite number (en	nnlover if t	or single employ	rer plan)	1	01/01/1999
	Nassau-Suffolk Radiological Associates PC	ripioyer, ir i	or alligic-employ	ei pian)		Employer Identification Number (EIN) 11-2239505
					_	
	20 W John Street					Plan sponsor's telephone number (516) 226-2230
						Business code (see instructions)
-	Lindenhurst NY 11757		•			621510
3a	Plan administrator's name and address (If same as plan sponsor, en	ter "Same")		3b /	Administrator's EIN
	SAME.	:		•		
		•			3c /	Administrator's telephone number
	:					i
4	If the name and/or EIN of the plan sponsor has changed since the last	st return/re	nort filed for this	nlan enter the	4b E	- FA I
а	name, Env. and the plan number from the last return/report.	01.1010111110	port med for trus	pian, enter the		
					4c F	² N
b	Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year	• • •		• • • • • • •	5a	19
C	Number of participants with account balances as of the end of the pla	in vear (de	fined benefit nlar	s do not	5b	17
	complete this item)		<i>.</i> .		5c	15
	were all of the plan's assets during the plan year invested in eligible a	assets? (Se	e instructions.)			XYes No
b	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	independe				
	If you answered "No" to either 6a or 6b, the plan cannot use Form	n 5500-SE	s.) · · · · ·		• • •	X Yes ☐ No
Pa	rtalli, Financial Information		and must mater	ad use Form 5500.		
7	Plan Assets and Liabilities		(a) Ber	inning of Year		(b) End of Year
а	Total plan assets	. 7a	(-)	952.527	┼─	
	Total plan liabilities	. 7b		932,327	+	850,639
С	Net plan assets (subtract line 7b from line 7a)	7c		952,527	 	0
}	Income, Expenses, and Transfers for this Plan Year		(a	Amount	┪┈	850, 639 (b) Total
	Contributions received or receivable from:					(b) rotal
	(1) Employers	8a(1)		0		serversi ejesterin jakon koma, et
	(2) Ottore (including colleges)	8a(2)		33,815	4	
_	(3) Others (including rollovers)	8a(3)		0		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		(33,135)		Burger and State of S
d	Benefits paid (including direct rollovers and insurance premiums	8c				680
	to provide benefits)	8d		102,568		
е	Certain deemed and/or corrective distributions (see instructions)	8e		0		energia Populari programa de la composição de la c
f.	Administrative service providers (salaries, fees, commissions)	8f		0		
	Other expenses	8g		0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				102,568
i	Net income (loss) (subtract line 8h from line 8c).	8i				(101,888)
	Transfers to (from) the plan (see instructions)	Qi .		0		(201,000)

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Part IV	-	
20 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	11100	Characteristics
7-1977 S. 22 S/G St - 2023	PIAN	CHAPACTERICS

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

2A 2E 2G 2J 3E

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

Par	Compliance Questions								
10	During the plan year:				Yes	No	Α .	mount	
a b	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary (Correction Progran	n)	l0a		х			
	on line 10a.)			dO		х	<u> </u>		
C	Was the plan covered by a fidelity bond?			Ос	x				100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelit or dishonesty?		-	Od		х			1 1100
е	Were any fees or commisions paid to any brokers, agents, or other per insurance services or other organization that provides some or all of the instructions.)	sons by an insurar benefits under th	e plan? (See	0e	x				3,510
f	Has the plan failed to provide any benefit when due under the plan? $% \left(1\right) =\left(1\right) \left(1\right)$		1	Of		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)	1	0g	x				21,089
h	If this is an individual account plan, was there a blackout period? (See i 2520.101-3.)	nstructions and 29	CFR	0h		х			
i	If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3.	uired notice or one	e of the	0i					
	W Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements?		ructions and complete	Sche	edule	SB (F	orm -	□vec	X No
12	Is this a defined contribution plan subject to the minimum funding require (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	ements of section	412 of the Code or se	ction	302	of ER	ISA?	Yes	
if y	If a waiver of the minimum funding standard for a prior year is being am granting the waiver	 Form 5500), and s	Month skip to line 13.			Day	date of the le	tter ruling ear	
c d	Enter the amount contributed by the employer to the plan for this plan yes. Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)	esult (enter a minu	s sign to the left of a			12c 12d			
e	Will the minimum funding amount reported on line 12d be met by the fur			٠.	<u> </u>	J	Yes	- No i	□N/A
Part		numg deadine: .		•	<u>· · · · · · · · · · · · · · · · · · · </u>				
September 1999	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 employ	er this vear			آ	3a	• • • •		
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	ferred to another p		the c	ontro	ol		Tyes	
c	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to another pl	ian(s), identify the plan	ı(s) to	,	• •			<u>k</u>
1;	(1) Name of plan(s):				13c	(2) Ell	N(s)	13c(3) l	PN(s)
	•								
Cautio	n: A penalty for the late or incomplete filing of this return/report will	be assessed unle	ess reasonable cause	e is e	stab	lished		<u> </u>	
Under p SB or S	penalties of perjury and other penalties set forth in the instructions, I declar chedule MB completed and signed by an enrolled actuary, as well as the is true, coppect, and complete.	are that I have exa	mined this return/repo	nt. inc	cludir	na. if a	ipplicable, a	Schedule dge and	
SIGN	Krung Iman		Senghao Fong,	MD					
HER		ate 10-4-12	Enter name of individ		ignin	g as p	lan administr	ator	
SIGN	9 .	ate	Enter name of individ	ual ei	ianina				