#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**HERE** 

Signature of DFE

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

					mspection	
Part I		ntification Information				
For cale	ndar plan year 2011 or fiscal	plan year beginning 08/01/2011		and ending 07/31/2	2012	
A This	return/report is for:	a multiemployer plan;	a multipl	e-employer plan; or		
		x a single-employer plan;	a DFE (s	specify)		
			`	· · · · · · ·		
D This		the first return/report;	☐ the final	return/report;		
<b>D</b> This	return/report is:	H	<u></u>	•	han 40 mantha)	
		an amended return/report;		lan year return/report (less the	<u>_</u> '	
C If the	plan is a collectively-bargain	ed plan, check here			▶ ∐	
<b>D</b> Chec	k box if filing under:	X Form 5558;	automati	c extension;	the DFVC program;	
	-	special extension (enter des	cription)		_	
Part	II Rasic Plan Inform	nation—enter all requested informa	ation			
	ne of plan	nation enter an requested informa	ation		<b>1b</b> Three-digit plan	001
	AY, INC. PROFIT SHARING T	TRUST			number (PN) ▶	001
					1c Effective date of plants	an
					08/01/1975	
<b>2a</b> Plar	sponsor's name and addres	s, including room or suite number (Er	mployer, if for single	-employer plan)	2b Employer Identifica	ition
					Number (EIN)	
MEDIRA	AY, INC.				13-2662703	
					2c Sponsor's telephor number	ne
					914-961-8484	1
	RBLEDALE ROAD HOE, NY 10707	MEDIRAY			2d Business code (see	9
TOCKA	IOL, IVI 10707		BLEDALE ROAD OE, NY 10707		instructions)	
					339110	
Caution	· A penalty for the late or in	complete filing of this return/repor	rt will be assessed	unless reasonable cause i	s established	
		penalties set forth in the instructions,				dules
		as the electronic version of this return				
SIGN	Filed with authorized/valid ele	ectronic signature.	05/07/2013	BARRY N DANSKY		
HERE	0		5.			
	Signature of plan adminis	strator	Date	Enter name of individual s	signing as plan administrator	
SICN	Etalogica and the Control	and the set of the set	05/07/0040	DADDV NI DANGIZV		
SIGN HERE	Filed with authorized/valid ele	ectronic signature.	05/07/2013	BARRY N DANSKY		
	Signature of employer/pla	an sponsor	Date	Enter name of individual s	signing as employer or plan sp	onsor
SIGN						

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011) v.012611

Enter name of individual signing as DFE

Form 5500 (2011) Page **2** 

	Plan administrator's name and address (if same as plan sponsor, enter "Same DIRAY, INC.	e")		Iministrator's EIN -2662703		
	D MARBLEDALE ROAD CKAHOE, NY 10707			ministrator's telephone imber 914-961-8484		
4	If the name and/or EIN of the plan sponsor has changed since the last return, the plan number from the last return/report:	report filed for this plan, enter the name, EIN	and	4b EIN		
а	Sponsor's name			4c PN		
5	Total number of participants at the beginning of the plan year		5	5		
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a, 6b, 6c, and 6d).				
а	Active participants		6a	2		
b	Retired or separated participants receiving benefits		6b	0		
С	Other retired or separated participants entitled to future benefits		6c	3		
d	Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b>		6d	5		
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	ceive benefits	6e	0		
f	Total. Add lines 6d and 6e		6f	5		
g	Number of participants with account balances as of the end of the plan year (complete this item)		. 6g	5		
h	Number of participants that terminated employment during the plan year with less than 100% vested		6h	0		
7	Enter the total number of employers obligated to contribute to the plan (only		7			
8a b	a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 3D					
	Plan funding arrangement (check all that apply)  (1)	9b Plan benefit arrangement (check all that (1)	insurand oonsor	ce contracts		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are at	ttached, and, where indicated, enter the numl	oer attac	ched. (See instructions)		
а	Pension Schedules (1) R (Retirement Plan Information)  (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) H (Financial Inform (2) X I (Financial Inform (3) X 2 A (Insurance Inform (4) C (Service Provide	nation – mation)	,		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4) C (Service Provide C) (5) D (DFE/Participati C) G (Financial Trans	ng Plan	Information)		

# **SCHEDULE A** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

#### File as an attachment to Form 5500.

OMB No. 1210-0110

2011

pursuant to ERISA section 103(a)(2).						m is Open to Public Inspection
For calendar plan year 20	11 or fiscal pl	an year beginning 08/01/2011		and ending	07/31/2012	•
A Name of plan MEDIRAY, INC. PROFIT	SHARING TE	RUST	В	Three-digit plan numbe	er (PN)	001
C Plan sponsor's name a MEDIRAY, INC.	ıs shown on li	ne 2a of Form 5500	D	Employer Ide 13-2662703	ntification Number (	EIN)
		rning Insurance Contract Lindividual contracts grouped as				
(a) Name of insurance ca NEW YORK LIFE INSUR		PANY				
	(c) NAIC	(d) Contract or	(e) Approximate number		Policy or co	ontract year
<b>(b)</b> EIN	code	identification number	persons covered at enemotic policy or contract year		(f) From	<b>(g)</b> To
13-5582869	66915	GA60055		08/0	1/2011	07/31/2012
2 Insurance fee and composite descending order of the		mation. Enter the total fees and to	tal commissions paid. List in	item 3 the age	ents, brokers, and o	other persons in
		nmissions paid		(b) Total amo	ount of fees paid	
		0				0
3 Persons receiving com	missions and	fees. (Complete as many entries	s as needed to report all pers	ons).		
		and address of the agent, broker			fees were paid	
SIDNEY M. MILLER - NE	W YORK LIF	- 850 ·	/ YORK LIFE INSURANCE ( THIRD AVENUE / YORK, NY 10022	CO.		
(b) Amount of sales ar	nd base	Fe	es and other commissions pa	aid		
commissions pa		(c) Amount	(d) Purpose			(e) Organization code
						3
	(a) Name	and address of the agent, broker	or other person to whom co	mmissions or	fees were paid	
	(a) Name	and address of the agent, broker	, or other person to whom ec	HIIIIISSIOIIS OI	iees were paid	
(b) Amount of sales ar	nd base	Fe	es and other commissions pa	aid		
commissions pa		(c) Amount	<b>(d)</b> F	Purpose		(e) Organization code

Schedule A (Form 5500)	2011	Page <b>2 -</b> 1	]				
	ame and address of the agent, broke	r. or other person to whom o	commissions or fees were paid				
(4)	and address of the agont, siene	., c. carer percent to innern					
(L) A		Fees and other commission	s paid	(-) ()			
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code			
•	, ,						
<b>(a)</b> Na	ame and address of the agent, broke	r, or other person to whom o	commissions or fees were paid				
(b) Amount of sales and base		Fees and other commission	s paid	(e) Organization			
commissions paid	(c) Amount		(d) Purpose	code			
<b>(a)</b> Na	ame and address of the agent, broke	r, or other person to whom o	commissions or fees were paid				
	T			T			
(b) Amount of sales and base		Fees and other commission		(e) Organization			
commissions paid	(c) Amount		(d) Purpose	code			
(a) Na	ame and address of the agent, broke	r or other person to whom o	commissions or fees were paid				
(a) (ve	and address of the agent, broke	r, or other person to whom t	commissions of fees were paid				
	I						
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commission	s paid (d) Purpose	(e) Organization			
commissions paid	(c) Amount		(d) Fulpose	code			
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
		, ,	•				
	(b) Amount of sales and base Fees and other commissions paid (a) Organization						
(b) Amount of sales and base commissions paid	(c) Amount	1 003 and other commission	(d) Purpose	(e) Organization code			
Commissions paid	(o) / anount		(±). 3.5000				
				1			

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Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	dual contra	cts with each carrier ma	y be treated	as a unit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end		. 4	
5	Curre	ent value of plan's interest under this contract in separate accounts at year er	nd		. 5	
6	Cont	racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			. 6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nection wit	h the acquisition or	6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	I annuity	_		
	f	If contract purchased, in whole or in part, to distribute benefits from a terminate	ating plan c	heck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts mai	ntained in s	separate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☒ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	te participa	tion guarantee		
	b	Balance at the end of the previous year			7b	114769
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)		6657	
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		(6)Total additions			7c(6)	6657
	ď	Total of balance and additions (add <b>b</b> and <b>c(6)</b> )	<u>.</u>		. 7d	121426
	e	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)		1214	
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)		1	
		▶ ROUNDING ADJUSTMENT				
		(5) Total deductions			7e(5)	1215

Balance at the end of the current year (subtract e(5) from d).....

120211

	Schedule A (Form 5500) 2011		Page <b>4</b>		
I	Welfare Benefit Contract Information If more than one contract covers the same groen information may be combined for reporting pure the entire group of such individual contracts with	oup of employees of the sarposes if such contracts are	e experience-rate	d as a unit. Where contract	
efi	it and contract type (check all applicable boxes)				
1	Health (other than dental or vision)	<b>b</b> Dental	<b>c</b> Visio	n	<b>d</b> Life insurance
	Temporary disability (accident and sickness)	f Long-term disability	g Supp	elemental unemployment	h Prescription drug
Ī	Stop loss (large deductible)	j HMO contract	k ☐ PPO	contract	I Indemnity contract
Ī	Other (specify)	_	_		
eri	ence-rated contracts:				
Pr	remiums: (1) Amount received		9a(1)		
(2	2) Increase (decrease) in amount due but unpaid.		9a(2)		
(3	3) Increase (decrease) in unearned premium rese	rve	9a(3)		
(4	4) Earned ( <b>(1) + (2) - (3)</b> )	<u></u>		9a(4)	
В	Benefit charges (1) Claims paid		9b(1)		
(2	2) Increase (decrease) in claim reserves		9b(2)		
(3	3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )			9b(3)	

9b(4)

10a

10b

Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions ..... 9c(1)(A) (B) Administrative service or other fees ..... 9c(1)(B) 9c(1)(C) (C) Other specific acquisition costs..... (D) Other expenses..... 9c(1)(D) 9c(1)(E) (E) Taxes..... (F) Charges for risks or other contingencies ..... 9c(1)(F) (H) Total retention ..... 9c(1)(H) (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) ...... 9c(2) d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement...... 9d(1) (2) Claim reserves 9d(2) 9d(3) (3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) ..... 9e

Part IV	Provision of Information			
<b>11</b> Did tl	ne insurance company fail to provide any information necessary to complete Schedule A?	Yes	No	

a Health (other than dental or vision)

Experience-rated contracts:

**10** Nonexperience-rated contracts:

Specify nature of costs

Benefit and contract type (check all applicable boxes)

Part III

a Premiums: (1) Amount received..... (2) Increase (decrease) in amount due but unpaid......

(4) Claims charged.....

Total premiums or subscription charges paid to carrier ...... If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

retention of the contract or policy, other than reported in Part I, item 2 above, report amount.....

<sup>12</sup> If the answer to line 11 is "Yes," specify the information not provided.

# **SCHEDULE A** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

#### File as an attachment to Form 5500.

OMB No. 1210-0110

2011

For calendar plan year 2011 or fiscal plan year paginning 08:01/2011  A Name of plan MEDIRAY, INC. PROFIT SHARING TRUST  B Three-digit plan number (PN)	numericant to FDICA continue 402(a)(2)						m is Open to Public Inspection	
C Plan sponsor's name as shown on line 2a of Form 5500  MEDIRAY, INC.  D Employer Identification Number (EIN) 13-2662703  Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.  1 Coverage Information:  (a) Name of insurance carrier NEW YORK LIFE INSURANCE COMPANY  (b) EIN (c) NAIC (d) Contract or identification number (e) Approximate number of persons covered at end of policy or contract year persons covered at end of policy or contract year (f) From (g) To  13-558288 66915 P60055 2 08601/2011 07/31/2012  2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.  (a) Total amount of commissions paid (b) Total amount of fees paid  3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).  (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code  (c) Amount (d) Purpose (e) Organization code  (b) Amount of sales and base recommissions paid (e) Amount (d) Purpose (e) Organization code	For calendar plan year 20	11 or fiscal pla	n year beginning 08/01/2011		and end	ding 07/31/2	2012	•
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.  1 Coverage Information:  (a) Name of Insurance carrier  NEW YORK LIFE INSURANCE COMPANY  (b) EIN	•	SHARING TRI	JST			J	<b>)</b>	001
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.  1 Coverage Information:  (a) Name of Insurance carrier  NEW YORK LIFE INSURANCE COMPANY  (b) EIN								
n a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.  1 Coverage Information:  (a) Name of insurance carrier  NEW YORK LIFE INSURANCE COMPANY  (b) EIN (c) NAIC code (d) Contract or identification number of persons covered at end of policy or contract year  (b) EIN (c) NAIC code (d) Contract or identification number of persons covered at end of policy or contract year  (b) EIN (c) NAIC (d) Contract or identification number of persons covered at end of policy or contract year  (a) Total amount of commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.  (a) Total amount of commissions paid (b) Total amount of fees paid  3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).  (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  SIDNEY M. MILLER  NEW YORK LIFE INSURANCE COMPANY 120 BROADWAY SUITE 3700  NEW YORK LIFE INSURANCE COMPANY 120 BROADWAY SUITE 3700  NEW YORK LIFE INSURANCE COMPANY 120 BROADWAY SUITE 3700  (e) Organization code  3 A Persons paid  (b) Amount of sales and base  (c) Amount (d) Purpose (e) Organization code  (e) Organization code	· ·	as shown on lin	e 2a of Form 5500			-	n Number	(EIN)
(a) Name and address of the agent, broker, or other person to whom commissions paid  (b) Amount of sales and base  (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  (b) Amount of sales and base  (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  (b) Amount of sales and base  (c) Amount of sales and base  (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  (b) Amount of sales and base  (c) Amount of sales and base  (d) Amount of sales and base  Fees and other commissions paid  (e) Approximate number of persons covered at end of policy or contract year  (g) From (g) To  (g) From (g) To  (g) From (g) To  (g) From (g) To  (g) To  (h) From (g) To  (g) To  (h) From (g) To  (h) F								
(a) Name and address of the agent, broker, or other person to whom commissions paid  (b) Amount of sales and base  (c) Amount of sales and address of the agent, broker, or other person to whom commissions or fees were paid  (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  (b) Amount of sales and base  (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  (b) Amount of sales and base  (c) Amount of sales and base  (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  (b) Amount of sales and base  (c) Amount of sales and base  (d) Amount of sales and base  Fees and other commissions paid  (e) Amount of sales and base  Fees and other commissions paid  (b) Amount of sales and base  Fees and other commissions paid	1 Coverage Information:				-	_		
(c) NAIC code identification number persons covered at end of persons covered at end of policy or contract year persons covered at end of policy or contract year (f) From (g) To  13-5582869 66915 P60055 2 08/01/2011 07/31/2012  2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.  (a) Total amount of commissions paid (b) Total amount of fees paid 0  3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).  (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid NEW YORK, INT 10271  (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code 3  (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid NEW YORK, NY 10271  (b) Amount of sales and base Fees and other commissions paid (e) Organization code 1  (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid 1  (b) Amount of sales and base Fees and other commissions paid (e) Organization code 1  (b) Amount of sales and base Fees and other commissions paid (e) Organization code 1  (b) Amount of sales and base Fees and other commissions paid (e) Organization code 1  (b) Amount of sales and base Fees and other commissions paid (e) Organization code 1  (b) Amount of sales and base Fees and other commissions paid (e) Organization code 1  (b) Amount of sales and base Fees and other commissions paid (e) Organization code 1		ırrier						
(b) EIN (c) NAIC code identification number persons covered at end of policy or contract year year pol	NEW YORK LIFE INSUR	ANCE COMPA	ANY					
(a) Name and address of the agent, broker, or other person to whom commissions paid  (b) Amount of sales and base  (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  (a) Name and address of the agent, broker, or other person to whom commissions paid  (b) Amount of sales and base  (c) Amount  (d) Name and address of the agent, broker, or other person to whom commissions or fees were paid  (e) Organization code  (f) From (g) To (g) To 07/31/2012  2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount of fees paid  (b) Total amount of fees paid  0  3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).  (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  NEW YORK LIFE INSURANCE COMPANY 120 BROADWAY SUITE 3700 NEW YORK, NY 10271  (e) Organization code  3  (b) Amount of sales and base Fees and other commissions or fees were paid  (b) Amount of sales and base Fees and other commissions paid  (c) Amount of sales and base Fees and other commissions paid		(c) NAIC	(d) Contract or	, , , ,			Policy or c	ontract year
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descending order of the amount paid.  (a) Total amount of commissions paid  0  0  3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).  (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  SIDNEY M. MILLER  NEW YORK LIFE INSURANCE COMPANY 120 BROADWAY SUITE 3700 NEW YORK, NY 10271  (b) Amount of sales and base commissions paid  (c) Amount  (d) Purpose  (e) Organization code  3  (b) Amount of sales and address of the agent, broker, or other person to whom commissions or fees were paid	13-5582869	66915	P60055		2	08/01/2011		07/31/2012
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).  (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  SIDNEY M. MILLER  NEW YORK LIFE INSURANCE COMPANY 120 BROADWAY SUITE 3700 NEW YORK, NY 10271  (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code  3  (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  (b) Amount of sales and base  (c) Amount of the agent, broker, or other person to whom commissions or fees were paid	(a) Total	amount of com	missions paid		<b>(b)</b> To	otal amount of fe	es paid	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  NEW YORK LIFE INSURANCE COMPANY 120 BROADWAY SUITE 3700 NEW YORK, NY 10271  (b) Amount of sales and base commissions paid  (c) Amount (d) Purpose (e) Organization code  3  (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  (b) Amount of sales and base  (c) Amount (d) Purpose (e) Organization code			0					0
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  NEW YORK LIFE INSURANCE COMPANY 120 BROADWAY SUITE 3700 NEW YORK, NY 10271  (b) Amount of sales and base commissions paid  (c) Amount (d) Purpose (e) Organization code  3  (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  (b) Amount of sales and base  (c) Amount (d) Purpose (e) Organization code	3 Persons receiving com	missions and f	ees. (Complete as many entries	s as needed to report all p	persons).			
(b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code  (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  (b) Amount of sales and base						ions or fees wer	e paid	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  (b) Amount of sales and base  Fees and other commissions paid  (c) Amount  (d) Purpose  (e) Organization code  3	SIDNEY M. MILLER		120	<b>BROADWAY SUITE 370</b>		NY		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  (b) Amount of sales and base	(b) Amount of colon of	nd hoos	Fe	ees and other commission	ıs paid			
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  (b) Amount of sales and base  Fees and other commissions paid	` ,		(c) Amount		(d) Purpose	9		(e) Organization code
(b) Amount of sales and base Fees and other commissions paid								3
(b) Amount of sales and base		(a) Name a	and address of the agent, broker	r, or other person to whon	n commissi	ions or fees wer	e paid	
(b) Amount of sales and base								
	(b) Amount of sales a	nd base	Fe	ees and other commission	s paid			
				(	d) Purpose	Э		(e) Organization code

Schedule A (Form 5500)	2011	Page <b>2 -</b> 1	]				
	ame and address of the agent, broke	r. or other person to whom o	commissions or fees were paid				
(4)	and address of the agont, siene	., c. carer percent to innern					
(L) A		Fees and other commission	s paid	(-) ()			
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code			
•	, ,						
<b>(a)</b> Na	ame and address of the agent, broke	r, or other person to whom o	commissions or fees were paid				
(b) Amount of sales and base		Fees and other commission	s paid	(e) Organization			
commissions paid	(c) Amount		(d) Purpose	code			
<b>(a)</b> Na	ame and address of the agent, broke	r, or other person to whom o	commissions or fees were paid				
	I			T			
(b) Amount of sales and base		Fees and other commission		(e) Organization			
commissions paid	(c) Amount		(d) Purpose	code			
(a) Na	ame and address of the agent, broke	r or other person to whom o	commissions or fees were paid				
(a) (ve	and address of the agent, broke	r, or other person to whom t	commissions of fees were paid				
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(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commission	s paid (d) Purpose	(e) Organization			
commissions paid	(c) Amount		(d) Fulpose	code			
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
		, ,	•				
	(b) Amount of sales and base Fees and other commissions paid (a) Organization						
(b) Amount of sales and base commissions paid	(c) Amount	1 003 and other commission	(d) Purpose	(e) Organization code			
Commissions paid	(o) / anount		(±). 3.5000				
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Investment and Annuity Contract Information   Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.   4 Current value of plan's interest under this contract in the general account at year end.   5   5   5   5   5   5   5   5   5	D.	art II	Investment and Annuity Contract Information				
5 Current value of plans interest under this contract in separate accounts at year end. 6 Contracts With Allocated Funds: a State the basis of premium rates ▶ RATES ON FILE WITH NY STATE DEPARTMENT OF INSURANCE  b Premiums paid to carrier. c Premiums due but unpaid at the end of the year. d 6c d d if the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶  e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶  f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐  7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  b Balance at the end of the previous year (4) ☐ other ▶  b Balance at the end of the previous year 7 To(1) ☐ (2) Dividends and credits . 7 To(2) ☐ (3) Interest credited during the year . 7 To(3) ☐ (4) Transferred from separate account . 7 To(4) ☐ (5) Other (specify below) . 7 To(5) ☐ (6) Other (specify below) . 7 To(4) ☐ (6) Other (specify below) . 7 To(4) ☐ (7	r	art II	Where individual contracts are provided, the entire group of such indiv	idual contract	s with each carrier may	/ be treated	d as a unit for purposes of
6 Contracts With Allocated Funds: a State the basis of premium rates PRATES ON FILE WITH NY STATE DEPARTMENT OF INSURANCE  b Premiums guid to carrier. c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs  e Type of contract: (1) A individual policies (2) group deferred annuity (3) other (specify)  f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here  7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee  b Balance at the end of the previous year.  c Additions: (1) Contributions deposited during the year.  7 C(2) (2) Dividends and credits. (3) Intransferred from separate account. (4) Transferred from separate account. (5) Other (specify below).  (6) Total of balance and additions (add b and c(6)).  e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier. (3) Transferred to separate account. (4) Other (specify below).  7 Ce(4) (5) Total deductions. (5) Total deductions. (6) Total deductions. (7 Ce(4) (7 Ce(5) (7 Ce(6) (7 Ce(6) (7 Ce(7) (7 C	4	Curr	ent value of plan's interest under this contract in the general account at year	end			
a State the basis of premium rates   RATES ON FILE WITH NY STATE DEPARTMENT OF INSURANCE  b Premiums paid to carrier	5	Curr	ent value of plan's interest under this contract in separate accounts at year e	nd		. 5	
b Premiums paid to carrier.  c Premiums due but unpaid at the end of the year	6	Cont			0= 0.000		
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates RATES ON FILE WITH NY STATE DE	PARTMENT	OF INSURANCE		
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.  Specify nature of costs  Prype of contract: (1) individual policies (2) group deferred annuity (3) of their (specify)   If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here   If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) and Type of contract: (1) depost administration (2) immediate participation guarantee  B Balance at the end of the previous year.  C Additions: (1) Contributions deposited during the year.  (2) Dividends and credits.  (3) Interest credited during the year.  (4) Transferred from separate account.  (5) Other (specify below)  (6) Other (specify below)  (6) Total of balance and additions (add b and c(6)).  Poeductions:  (1) Disbursed from fund to pay benefits or purchase annuities during year  7e(1)  (2) Administration charge made by carrier.  7e(2)  (3) Transferred to separate account.  7e(3)  (4) Other (specify below)  7e(5)  (5) Total deductions  7e(5)		b	Premiums paid to carrier			6b	2134
retention of the contract or policy, enter amount.  Specify nature of costs  Prype of contract: (1) individual policies (2) group deferred annuity  (3) other (specify)  If if contract purchased, in whole or in part, to distribute benefits from a terminating plan check here  To Contracts With Unallocated Funds (0o not include portions of these contracts maintained in separate accounts)  Type of contract: (1) deposit administration (2) immediate participation guarantee  Balance at the end of the previous year.  To Additions: (1) Contributions deposited during the year.  (2) Dividends and credits.  (3) Interest credited during the year.  (4) Transferred from separate account.  (5) Other (specify below).  (6) Total additions.  (7c(4)  (2) Administration charge made by carrier.  (6) Total (specify below).  (7c(4)  (7c(5)  (7c(5)  (7c(6)  Total of balance and additions (add b and c(6)).  (6) Total (specify below).  (7c(4)  (7c(4)  (7c(5)  (7c(5)  (7c(6)  Total of balance and additions (add b and c(6)).  (7c(6)  (7c(7)  (		С	Premiums due but unpaid at the end of the year			6c	
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify)   f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here   7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other   b Balance at the end of the previous year		d				6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here  7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  a Type of contract: (1) deposit administration (2) immediate participation guarantee  (3) guaranteed investment (4) other  b Balance at the end of the previous year 7b  C Additions: (1) Contributions deposited during the year. 7c(1) 7c(2)  (2) Dividends and credits 7c(3) 7c(3) 7c(3) 7c(4) 7c(4) 7c(5) 7c(6) 7c			Specify nature of costs				
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  a Type of contract: (1) deposit administration (2) mmediate participation guarantee  (3) guaranteed investment (4) other  b Balance at the end of the previous year 77b  C Additions: (1) Contributions deposited during the year 7c(2) (2) Dividends and credits 7c(2) (3) Interest credited during the year 7c(3) (4) Transferred from separate account 7c(4) (5) Other (specify below) 7c(5) 7c(5)  (6)Total additions 7c(6) 7d  e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier 7e(3) (3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) 7e(5) 7		е		d annuity			
Type of contract:  (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other   b Balance at the end of the previous year  C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below)  (6) Total additions  (6) Total of balance and additions (add b and c(6)).  C Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier. (3) Transferred to separate account (4) Other (specify below).  (5) Total deductions  (5) Total deductions  Te(4)  (5) Total deductions  Te(5)		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan che	eck here		
Type of contract:  (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other   b Balance at the end of the previous year  C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below)  (6) Total additions  (6) Total of balance and additions (add b and c(6)).  C Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier. (3) Transferred to separate account (4) Other (specify below).  (5) Total deductions  (5) Total deductions  Te(4)  (5) Total deductions  Te(5)	7	Cont	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in se	parate accounts)		
C Additions: (1) Contributions deposited during the year		а			n guarantee		
(2) Dividends and credits		b	Balance at the end of the previous year			. 7b	
(3) Interest credited during the year		С	Additions: (1) Contributions deposited during the year				
(4) Transferred from separate account (5) Other (specify below)  (6)Total additions  (6)Total additions  (6)Total of balance and additions (add b and c(6))  (7c(6)  d Total of balance and additions (add b and c(6))  (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below)  (5) Total deductions  (6) Total deductions  7c(4)  7c(5)							
(5) Other (specify below)							
(6)Total additions			•				
d Total of balance and additions (add b and c(6)).  e Deductions:  (1) Disbursed from fund to pay benefits or purchase annuities during year  (2) Administration charge made by carrier			(5) Other (specify below)	/C(5)			
d Total of balance and additions (add b and c(6)).  e Deductions:  (1) Disbursed from fund to pay benefits or purchase annuities during year  (2) Administration charge made by carrier							
Peductions:  (1) Disbursed from fund to pay benefits or purchase annuities during year  (2) Administration charge made by carrier		_					
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier						7d	
(2) Administration charge made by carrier		е		7-/4			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
			(4) Other (specify below)	/e(4)			
			•				
			(F) Total deductions			70(5)	
		f					

	Schedule A (Form 5500) 2011		Page <b>4</b>		
I	Welfare Benefit Contract Information If more than one contract covers the same groen information may be combined for reporting pure the entire group of such individual contracts with	oup of employees of the sarposes if such contracts are	e experience-rate	d as a unit. Where contract	
efi	it and contract type (check all applicable boxes)				
1	Health (other than dental or vision)	<b>b</b> Dental	<b>c</b> Visio	n	<b>d</b> Life insurance
	Temporary disability (accident and sickness)	f Long-term disability	g Supp	elemental unemployment	h Prescription drug
Ī	Stop loss (large deductible)	j HMO contract	k ☐ PPO	contract	I Indemnity contract
Ī	Other (specify)	_	_		
eri	ence-rated contracts:				
Pr	remiums: (1) Amount received		9a(1)		
(2	2) Increase (decrease) in amount due but unpaid.		9a(2)		
(3	3) Increase (decrease) in unearned premium rese	rve	9a(3)		
(4	4) Earned ( <b>(1) + (2) - (3)</b> )	<u></u>		9a(4)	
В	Benefit charges (1) Claims paid		9b(1)		
(2	2) Increase (decrease) in claim reserves		9b(2)		
(3	3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )			9b(3)	

9b(4)

10a

10b

Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions ..... 9c(1)(A) (B) Administrative service or other fees ..... 9c(1)(B) 9c(1)(C) (C) Other specific acquisition costs..... (D) Other expenses..... 9c(1)(D) 9c(1)(E) (E) Taxes..... (F) Charges for risks or other contingencies ..... 9c(1)(F) (H) Total retention ..... 9c(1)(H) (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) ...... 9c(2) d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement...... 9d(1) (2) Claim reserves 9d(2) 9d(3) (3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) 9e

Part IV	Provision of Information			
<b>11</b> Did tl	ne insurance company fail to provide any information necessary to complete Schedule A?	Yes	No	

a Health (other than dental or vision)

Experience-rated contracts:

**10** Nonexperience-rated contracts:

Specify nature of costs

Benefit and contract type (check all applicable boxes)

Part III

a Premiums: (1) Amount received..... (2) Increase (decrease) in amount due but unpaid......

(4) Claims charged.....

Total premiums or subscription charges paid to carrier ...... If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

retention of the contract or policy, other than reported in Part I, item 2 above, report amount.....

<sup>12</sup> If the answer to line 11 is "Yes," specify the information not provided.

### SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

	inopositori
For calendar plan year 2011 or fiscal plan year beginning 08/01/2011	and ending 07/31/2012
A Name of plan MEDIRAY, INC. PROFIT SHARING TRUST	B Three-digit 0001
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
MEDIRAY, INC.	13-2662703
Complete Schoolule Lift the plan accorded forwar than 100 participants as of the basism	ing of the plan year. You may also complete Schodule Lift you are filing as a

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

#### Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	228124	236645
b	Total plan liabilities	. 1b	0	0
С	Net plan assets (subtract line 1b from line 1a)	1c	228124	236645
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)	2134	
	(2) Participants	. 2a(2)	0	
	(3) Others (including rollovers)	2a(3)	0	
b	Noncash contributions	. 2b		
С	Other income	. 2c	8521	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		10655
е	Benefits paid (including direct rollovers)	. 2e		
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions)	. 2h	0	
i	Other expenses	. 2i	2134	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		2134
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		8521
	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	_		Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
	Participant loans	3e		X	

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Schedule I (Form 5500) 2011

		Г					
	г		Yes	No		Amount	
3f	Loans (other than to participants)	3f		X			
g	Tangible personal property	3g		Χ			
	•		l l				_
Ps	art II Compliance Questions						
4	During the plan year:		Vaa	No		Amarint	
a	Was there a failure to transmit to the plan any participant contributions within the time period		Yes	No		Amount	
u	described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4b		X			
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X			
е	Was the plan covered by a fidelity bond?	4e	X				30000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X			
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X			
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X			
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X			
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X			
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X				
ı	Has the plan failed to provide any benefit when due under the plan?	41		X			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n					
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year	Ye	s XN	lo /	Amount:		
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	ntify t	ne plar	ı(s) to v	vhich assets	or liabilitie	s were
	5b(1) Name of plan(s)			5b(2	) EIN(s)		<b>5b(3)</b> PN(s)