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).

0040

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

					000-5F.		
Part I	Annual Report	Identification Informatio	n				
For cale	ndar plan year 2013 or fis	scal plan year beginning 01/0	01/2013	and ending	04/18/2	2013	
A This	return/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemploye	.)	a one-particip	pant plan
B This	return/report is:	the first return/report	x the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12	months))	
C Chec	k box if filing under:	X Form 5558	automatic extension			DFVC progra	am
• 0.100	in box ii iiiiiig ariaoi.	special extension (enter des					
Part II	Pasia Dian Infa	<u> </u>					
		rmation—enter all requested	information		1h	Three-digit	1
	ne of plan	IT SHARING PLAN AND TRUS	Т		10	plan number	
	001, 220 101(11) 1 11011					(PN) ▶	001
					1c	Effective date o	f plan
						01/01	/2010
	sponsor's name and add OGY, LLC	dress; include room or suite num	nber (employer, if for a single-	-employer plan)	2b	Employer Identi (EIN) 05-06	fication Number 10018
					2c	Sponsor's telep	hone number
501 W PF	ACHTREE ST					863-510	
	D, FL 33815				2d	Business code ((see instructions)
						62111	
3a Plar	administrator's name an	d address Same as Plan Spo	onsor Name Same as Plai	n Sponsor Address	3b	Administrator's	
PATHOLO	GY, LLC		PEACHTREE ST		20		510018
		LAKELA	.ND, FL 33815		30	863-510	telephone number 0-5971
4 If th	e name and/or EIN of the	nlan enoneor has changed sing	- 41 1 4 4 1		4.		
		pian sponsoi nas changed sind	e the last return/report filed to	or this plan, enter the	4b	EIN	
		nber from the last return/report.	e the last return/report filed to	or this plan, enter the		EIN	
nan a Spo	ne, EIN, and the plan nunnsor's name	nber from the last return/report.		·	4c	PN	
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) Er	d of V	'oar	-
<u>′</u> а	Total plan assets	. 7a	(a) Beginning of Tea				(b) End of Year)
_	Total plan liabilities	7a 7b								
	Net plan assets (subtract line 7b from line 7a)	75 7c	27449	5					0)
8	Income, Expenses, and Transfers for this Plan Year	, ,,					/h	Total		
a	Contributions received or receivable from:		(a) Amount		(b) Total					
u	(1) Employers	8a(1)								
	(2) Participants	. 8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	. 8b	594	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							5942	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	27952	8						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f	90	9						
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							280437	7
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						-	274495	5
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics	-,								
9a		feature cod	des from the List of Plan Chara	acteris	stic Co	des in	the insti	uction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Coc	les in t	he instru	ctions		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Λm	ount	
	Was there a failure to transmit to the plan any participant contribution	tions within	the time period described in		. 00			AIII	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	uciary Corre	ection Program)	10a		Х				
N	on line 10a.)	•	-	10b		X				
	Was the plan covered by a fidelity bond?			100	X					100000
				10c						100000
	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth	ner persons	s by an insurance carrier,							
	insurance service, or other organization that provides some or all instructions.)			10e		X				
f	,					Χ				
				10f		X				
9		•	,	10g		^				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
$\overline{}$	If 10h was answered "Yes," check the box if you either provided the									
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruc		, and e	enter th Day	ne date d	of the le		ling
						/				
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Fori	m 5500), and skip to line 13.							

Page	3 -	. 1	
raye	J		

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	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country 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) to which assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

2013

OMB Nos. 1210-0110 1210-0089

Department of Labor Employee Senates Security Admini	stration	Retirement Income	Security Act of 197- the Internal Re-	4 (ERISA), and sectivenue Code (the Co	iona 6057(b) and 6058(de).	lo (8)		a Open to Public	
Penalon Beneat Guaranty Corp.		> Complete all en	tries in accordance	e with the instruct	ions to the Form 5500	-SF.	1714		
Part I Annual Re	port ic	lentification info	rmation				4/18/2013		
For calendar plan year 201				1/2013	and ending		a one-partici		
A This return/report is for	: !	a single-employer (=		n (not multiomployer)	L	T ti oue-betoci	part pran	
B This return/report is:		the first return/repo		final return/report	report (less than 12 mo	wiha\			
		an amended return	` =	omatic extension	input (ress train is nic	_	OFVC progra	MT)	
C Check box if flang unde	HT:	X Form 5558 special extension (L	Ottiene exterision		ί.	7 m. (m.b.m.		
David Brain Black	- I	mation—enter all re						,	
	Intor	mation—enter sit te	questes musinauoi			1b	Three-digit		
1a Name of plan I PATHOLOGY, LL	C 401	(k) Profit Sh	aring Plan	end Trust			plan number (PN)	001	
							Effective date o	y pien	
							1/01/201		
2a Plan sponsor's name I PATHOLOGY, LL		ress; include room ar	evite number (empi	oyer, if for a single-s	employer plan)		Employer Ident (EIN) 05-06:	lication Number 10018	
501 W PEACHTREE	ST						Sponeor's telej 863-510-5		
LAKELAND		FL	33815				Business code 621111	(see instructions)	
3a Plan administrator's n	ame and			e Same as Plan	Sponsor Address	3b	Administrators		
I Pathology, LL		_				3c	05-061001 Administrator's	telephone number	
						863-510-5971			
501 W PEACHTREE	ST								
LAKELAND		FL 338	_			1			
4 If the name and/or E	N of the	plan sponsor has che iber from the last retu	nged since the last m/report.	return/report filed to	r this plan, enter the	4b EIN			
a Sponsor's name						4c PN			
5a Total number of part						5a	5a 10		
b Total number of part						<u>5b</u>	 	0	
C Number of participar	nts with e	eccount balances as o	f the end of the plan	year (defined bene	fit plans do not	50		0	
Sa Were of the plan	s assets	dudeo the plan year i	nyested in eligible i	essets? (See Instruc	lions.)		**********	Yes No	
b to see alalming as	ان جميشن	the annual everyingly	on and report of An	independent qualific	d public accountant (IC	YPA)		ON D sey 🔀	
under 29 CFR 2520	,104-467 104-467	' (See instructions on '	waiver eligibility and the plan cannot	: condivons.) use Form 5580-SF	and must instead use	Form	5500,	E 7 L	
C If the plan is a define	id benefi	it plan, is it covered un	ider the PBGC insu	rance program (see	ERISA section 4021)?		Yes No	Not determined	
Caution: A penalty for t									
			la tha lastaraileas I	declare that I have	oversined this returnire	mort. Ir	ickilno, filipoli	icable, a Schedule	
Under penalties of perjur SB or Schedule MB com- belief, it is true, correct, a	oleted or	id sloned by an enroll	ed ecluary, as well:	as the electronic ver	sion of this return/repor	rt, and	to the best of m	y kapwiedge and	
sign //	5	MET	\supset	1/9/14	Wesley Mosche	tto			
	f plan a	dministrator		Date	Enter name of Individ			onstrator	
SIGN M/	7/	nkl)	1/9/14	Wesley M	105	cheett	<u> </u>	
HERE Clausting	fample	weinlan sponsor		Date	Enter name of Individ	dual si	ning as emplo	yar or plan sponsor	
Preparer's name (Includi	ក្សា ក្រាវ ស្គ	காய், if applicable) கா	d address; include i	room ar suite numbe	r (optional)	Prep	oarer's (eléphor	na number (optional)	
									
1									

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Baginning of Year				(b) End of Year
a Total plan assets	7a	27	449	5		0
b Total plan Rabilities	7b	<u> </u>	7			
C Net plan assets (subtract line 7b from tine 7e)	7c	27	449	5		0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers	8a(1)					
(2) Participants	8a(2)			-		
(3) Others (including rollovers)	8a(3)	<u> </u>	594	,		······································
b Other Income (Inss)	Bb -			┦—		5942
C Total Income (add lines 8±(1), 8±(2), 8±(3), ±nd 8b)	8c			+		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	ād	27	952	8		
e Certain deemed and/or corrective distributions (see instructions)	8a					
f Administrative service providers (salarias, fees, commissions)			90	9		A 4
	I -					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	3					280437
i Net Income (loss) (subtract line 8h from line 8c)						-274495
Transfers to (from) the plan (see instructions)	81			\top		
	1 21					
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension	feature ci	odes from the List of Plan Chara	cleri:	tic Co	des in i	he instructions:
ኃይ ኃ.ፐ ኃው ዓክ						
b If the plan provides welfare benefits, enter the applicable walfare	esture co	des from the List of Plan Charac	teriat	ic Cod	ies In th	e instructions:
						······································
Part V Compilance Questions						
10 During the plan year:			•	Yes	Na	<u>Amount</u>
a Was there a failure to transmit to the plant any participant contributions and DOU's Voluntary Fid.	luciery Co	racuon Program	10a		X	
b Were there any nonexampt transactions with any party-in-interes	t? (Do no	Include transactions reported	10b		X	
C Was the plan covered by a fidelity bond?			10c	X		100000
d Did the plan have a loss, whether or not reimbursed by the plant or dishonesty?	s (idelity b	ond, that was caused by fraud	10d		x	
a litters any face or commissions out to any horizers, soonis, or o	ther perso	ns by an insurance carrier,				· · · · · · · · · · · · · · · · · · ·
insurance service, or other organization that provides some or a	il of the be	neur auger ne baut (260	100	1	X	I
instructions.)			-	 	х	·
f Has the plan falled to provide any benefit when due under the pl			101	├		
g Did the plan have any panicipant loans? (If "Yes," enter amount	as of year	euq)	10g	<u> </u>	Х	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)		4+14+1+411+1+4++4+4+1+41+4+4+4+1+++1+4+++	10h	<u> </u>	X	
i If 10th was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the requir	ed notice or one of the	101			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding require 5500) and tine 11s below)	ments? (II	"Yes," see instructions and con	iplete	Sche	dule SE	(Form Yes No
11a Enter the unpaid minimum required contribution for current year	from Sch	edule SB (Form 5500) line 39	******		11a	<u> </u>
12 Is this a defined contribution plan subject to the minimum fundir	ng requirer	ments of section 412 of the Cod	or s	ection	302 of	ERISA? Yes X No
ULTION I complete line 12s or lines 12h, 12c, 12d, and 12e beig	w. as apol	icable.)				
a If a walver of the minimum funding standard for a prior year is b	aling amort	ized in this plan year, see instru 	101	s, and	enter II Day	he date of the letter ruling Year
If you completed line 12s, complete lines 3, 9, and 10 of Sched	ule MB (F	orm 5500), and skip to line 13				
b Enter the minimum required contribution for this pien year					126	i

C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d		12d		
8	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 assats that reverted to the employer this year			(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under to the PBGC?			X Yes ∏ No
С	if during this plan year, any assats or liabilities were transferred from this plan to another plan(s), identify the plan which assats or liabilities were transferred. (See Instructions.)	(s) to		
1	I3c(1) Name of plan(s):	13c(2) E	IN(a)	13c(3) PN(s)
 ,				
		•		
Part	VIII Trust Information (optional)			<u></u>
14a	Name of trust	14b ⊤	rust's EIN	

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