## 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

Part I							
	Annual Report Id	lentification Information					
For calend	lar plan year 2013 or fisc	al plan year beginning 01/01/20	)13	and ending	12/31/2	2013	
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer	)	a one-particip	pant plan
<b>B</b> This re	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12	months	)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descrip	tion)			_	
Part II	Basic Plan Inform		mation				
1a Name					1b	Three-digit	
	IMAGING SERVICES, P	C 401(K) PLAN				plan number	
						(PN) <b>▶</b>	001
					1c	Effective date o	•
20 Dlan a			/amanda.com if for a single		O.L.	01/01	
	IMAGING SERVICES, P	ess; include room or suite number	(employer, il for a single-	employer plan)	20	Employer Identi (EIN) 86-10	fication Number 61721
					2c	Sponsor's telep	hone number
374 STOCK	(HOLM STREET					718-96	
	N, NY 11237				2d	Business code (	(see instructions)
						62139	99
3a Plan a	administrator's name and	address Same as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
						, tarrimotrator o	
		olan sponsor has changed since the	e last return/report filed for	or this plan, enter the	4b	EIN	
			•	,		=	
		per from the last return/report.	·	, , , , , , , , , , , , , , , , , , , ,			
<b>a</b> Spons	sor's name	•	·	· 	4c	PN	0
<b>a</b> Spons <b>5a</b> Total	sor's name number of participants at	t the beginning of the plan year			4c 5a		8
<ul><li>a Spons</li><li>5a Total</li><li>b Total</li></ul>	sor's name number of participants at number of participants at	t the beginning of the plan yeart the end of the plan year			4c - 5a		8
<ul><li>a Spons</li><li>5a Total</li><li>b Total</li><li>c Numb</li></ul>	sor's name number of participants at number of participants at per of participants with ac	t the beginning of the plan year	e plan year (defined bene	fit plans do not	4c 5a 5b		
<ul><li>a Spons</li><li>5a Total</li><li>b Total</li><li>c Numb</li><li>comp</li><li>6a Were</li></ul>	sor's name number of participants at number of participants at per of participants with ac plete this item)	t the beginning of the plan year t the end of the plan year ecount balances as of the end of the	e plan year (defined bene jible assets? (See instruc	fit plans do not	4c 5a 5b 5c	PN	8
<ul><li>a Spons</li><li>5a Total</li><li>b Total</li><li>c Numb</li><li>comp</li><li>6a Were</li><li>b Are you</li></ul>	number of participants at number of participants at our of participants with acolete this item)	t the beginning of the plan year  It the end of the plan year  It the end of the plan year  It the end of the plan year invested in eligner annual examination and report of	e plan year (defined bene ible assets? (See instruction	fit plans do not tions.)d public accountant (l	4c 5a 5b 5c	PN	7 X Yes No
<ul> <li>a Spons</li> <li>5a Total</li> <li>b Total</li> <li>c Number</li> <li>comp</li> <li>6a Were</li> <li>b Are younder</li> </ul>	sor's name number of participants at number of participants at per of participants with ac plete this item) e all of the plan's assets co ou claiming a waiver of the r 29 CFR 2520.104-46?	t the beginning of the plan year  It the end of the plan year  It the end of the plan year  It the end of the plan year invested in eligible annual examination and report of the company of the plan year invested in eligibility.	e plan year (defined bene jible assets? (See instruction independent qualifier y and conditions.)	fit plans do not tions.)d public accountant (l	4c 5a 5b 5c QPA)	PN	8
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Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Y	ear	
a	Total plan assets	7a	92472				(5) 2.10		56155°	1
b	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	92472	1				1:	56155°	1
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) <sup>-</sup>	Total		
	Contributions received or receivable from:		(a) ranount				(2)	Ota.		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	14986	0						
	(3) Others (including rollovers)	8a(3)	64669	7						
b	Other income (loss)	8b	20000	8						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						9	996565	5
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	35947	7						
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	25	8						
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							35973	5
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							63683	0
j	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D	feature coo	des from the List of Plan Char	acteris	stic Co	des in	the instru	ction	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruct	ions		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Δm	ount	
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		AIII	Juni	
b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	nclude transactions reported			Х				
	on line 10a.)			10b	X					
				10c	^					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all instructions.)			10e	X					1491
f	,			10f		Χ				
						X				
<u>g</u>	If this is an individual account plan, was there a blackout period? (	(See instru	ctions and 29 CFR	10g		X				
i	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the state of the s			10h						
	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	X No
11a	Enter the unpaid minimum required contribution for current year fr	om Schedu	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	Г	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				,				1	
a	If a waiver of the minimum funding standard for a prior year is beir			ctions	, and e	enter th	ne date of	the le		ling
	granting the waiver		Mon	th		Dav		Ye	ar	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule			th	<del></del>	Day		Yea	ar	

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X 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.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## 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

2013

This Form is Open to Public inspection

Part	Annual Report	Identification Information				
	endar plan year 2013 or fis	cal plan year beginning	01/01/2013	and ending	12/31/20	13
A Thi	s return/report is for:	x a single-employer plan		er plan (not multiemployer)		participant plan
B Thi	s return/report is:	the first return/report	the final return/repo		, Паопе-р	articipant plan
	,	an amended return/report	<del>-</del>	eturn/report (less than 12 r	months)	
C Che	eck box if filing under:	Form 5558	automatic extensio		·	
- 0	on son il ming under.	special extension (enter descripti	<del>}</del>	11	□ peac b	orogram
Part	II Racio Plan Info					
	ame of plan	rmation enter all requested info	ormation		I dh Than dia	
	•				1b Three-digi plan numb	
W.	vekori imadind ser	rvices, PC 401(k) Plan			(PN) ►	001
					1c Effective d 01/01/2	
2a Pi	an sponsor's name and add	dress; include room or suite number (	employer, if for a sing	jle-employer plan)		Identification Number
WY	ckoff Imaging Ser	Vices, PC			1	-1061721
					2c Sponsor's	telephone number
37	4 Stockholm Stree	t				63-6551
US B	cooklyn	NY 11237			20 Business of 621399	code (see instructions)
		d address X Same as Plan Spons	or Name Same a	s Plan Sponsor Address	3b Administrat	tor's FIN
		•			o o o o o o o o o o o o o o o o o o o	tor o Env
					3c Administra	tor's telephone number
					, tarrimotral	tor a telephone number
4 If t	bo some and/or FIM of the				<u> </u>	
na	me, EIN, and the plan num	plan sponsor has changed since the ber from the last return/report.	last return/report filed	for this plan, enter the	4b EIN	
	onsor's name				4c PN	
<b>5a</b> To	tal number of participants a	t the beginning of the plan year	**************************	***************************************	5a	8
<b>b</b> To	tal number of participants a	it the end of the pian year	*****************************	PP 2 5 7 9 2 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	5b	8
C Nu	mber of participants with a	ccount balances as of the end of the p	olan year (defined ber	nefit plans do not		7
6a We	ere all of the plan's assets of	furing the plan year invested in eligible	e accetc? (See inctru	ctione )	5c	7
		he annual examination and report of a			 ΡΔ\	X Yes No
und	der 29 CFR 2520.104-46? (	(See instructions on waiver eligibility a		······································		X Yes No
if y	ou answered "No" to eith	er line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use F	Form 5500.	•
c If th	ne plan is a defined benefit	plan, is it covered under the PBGC in	surance program (se	e ERISA section 4021)?	Yes	No Not determined
Cautio	n: A penalty for the late o	r incomplete filing of this return/re	port will be assesse	d unless reasonable cau	use is established	
Under	penalties of perjury and oth	er penalties set forth in the instruction	ns. I declare that I hav	e examined this return/rer	nort including if an	onlicable a Schedule
belief, i	cnedule MB completed and t is true, correct, and compl	d signed by an enrolled actuary, as w	ell as the electronic v	ersion of this return/report	t, and to the best of	f my knowledge and
nada	1/1/2	A	T		A	
SIGN	Signature of plan admir	· · · · · · · · · · · · · · · · · · ·		Frank Vutrano		
	Orginature of plan admir	nou at UI	Date	Enter name of individua	al signing as plan a	dministrator
SIGN	Signature of employees	olan ananas	-			
	- granata at attipitation	me, if applicable) and address; includ	Date	Enter name of individua		
· · · · · ·	(moddag mili lia	ino, a applicable, and address, molad	ie room or suite numi	er (optional)	rieparer's telepho	one number (optional)
				ш		

7 Plan Assets and Liabilities	100 miles (100 miles (						
a Total plan assets	NEW SE	(a) Beginning of Y	ar		(	b) End of	Year
b Total plan liabilities	7a	924,	721	_			L,561,551
C Net plan assets (subtract line 7b from line 7a)	7b	· · · · · · · · · · · · · · · · · · ·		_	***		
8 Income, Expenses, and Transfers for this Plan Year	7c	924,	721			1	,561,551
Contributions received or receivable from:		(a) Amount				(b) Tota	al
(1) Employers	. 8a(1)						
(2) Participants	. 8a(2)	149,	860				
(3) Others (including rollovers)	. 8a(3)	646,					
b Other income (loss)	. 8b	200,			Liston years		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	HEAVILLE SALES	de se	100			006 565
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)					Security Security	White as	996,565
Certain deemed and/or corrective distributions (see instructions)		359,	477	918		sirmie)	
Administrative service providers (salaries, fees, commissions)	8e				是整件中级	SHEET!	
Other expenses	8f		258		<b>建多时间</b>		
Total expenses (add lines 8d, 8e, 8f, and 8g)	8g						
Net income (loce) (subtract line ab firm it is a	8h	THE RESERVE OF THE PARTY OF THE					359,735
Transfers to (from) the plan (see instructions)	81		34				636,830
Part IV Plan Characteristics	8j						
If the plan provides welfare benefits, enter the applicable welfare feat	ture codes fron	the List of Plan Characte	ristic	Codes	in the inst	ructions:	
	···					·	*
During the plan year:				Yes	No	Amo	ount
During the plan year:  a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduria)	any Correction	Drogram)		Yes		Amo	ount
During the plan year:  a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciate Were there any nonexempt transactions with any party-in-interest?)	(Do not include	Program)	10a	Yes	No x	Amo	ount
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