For	m 5500-SF		I Return/Report of Small Employee							
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Emplo						2013			
	partment of Labor enefits Security Administration	ctions 6057(b) and 6058( code).		This Form i	s Open to Public					
Pension Be	nefit Guaranty Corporation	Complete all entries in accordance	nce with the instruc	ctions to the Form 5500	-SF.	Ins	spection			
Part I		entification Information al plan year beginning 01/01/2013		and ending 12						
	ar plan year 2013 or fisca	2/31/2								
	urn/report is for:			an (not multiemployer)		a one-partici	bant plan			
B This ret	B This return/report is: the first return/report the final return/report the final return/report the final return/report (less than 12 months)									
C Chook b	box if filing under:		inuns,	)	m					
C Check										
Part II	Basic Plan Inforn	special extension (enter description)								
1a Name					1b	Three-digit				
THE IMAGIN	G INSTITUTE 401K PLA	AN				plan number	001			
				-	1c	(PN) Effective date o	001 f plan			
						01/01	•			
	oonsor's name and addre	ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 02-06	fication Number 99758			
380 OCEAN	ROAD				2c	Sponsor's telep 401-49				
NARRAGAN	SETT, RI 02882				2d	Business code ( 62151	see instructions)			
<b>3a</b> Plan ad	dministrator's name and	address Same as Plan Sponsor Nar 380 OCEAN ROA		Sponsor Address	3b	Administrator's EIN 02-0699758				
		NARRAGANSET	T, RI 02882		30	401-490	telephone number 0-0044			
name,	EIN, and the plan numb	lan sponsor has changed since the last er from the last return/report.	t return/report filed fo	or this plan, enter the	4b EIN					
a Sponse		the beginning of the plan year				4C PN				
		the end of the plan year			5a 5b					
		count balances as of the end of the pla		-	50		7			
compl	ete this item)				5c		7			
	•	uring the plan year invested in eligible	•	,			X Yes No			
		e annual examination and report of an See instructions on waiver eligibility and					X Yes 🗌 No			
lf you	answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use F	Form	5500.				
C If the p	lan is a defined benefit p	plan, is it covered under the PBGC insu	irance program (see	ERISA section 4021)?		Yes No	Not determined			
Caution: A	penalty for the late or	incomplete filing of this return/repor	rt will be assessed	unless reasonable caus	se is	established.				
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.								
			DANIEL DIPRETE							
HERE	Signature of plan administrator         Date         Enter name of individu					gning as plan adr	ninistrator			
SIGN HERE										
Date         Enter name of individ           Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)         Enter name of individ							er or plan sponsor number (optional)			
				-						

Pa	t III Financial Information				-						
7	n Assets and Liabilities (a) Beginning of Y			r			(b) End	d of Y	ear		
а	Total plan assets	7a	65670	4				9	924090		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	65670	4				9	24090		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	10508	0							
	(2) Participants	4040									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)										
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	73131		
	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	574	5							
g	Other expenses	8g			_						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5745		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			_				267386		
	Transfers to (from) the plan (see instructions)	8j									
9a b	2A 2E 2G 2J 2K 3D										
	Part V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
	a 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 on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х					1000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		х					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	х					18	.36
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i							
Part				101							
11											
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding		· · · ·				ERISA?	ТГ	Yes	XI	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	<ul> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.</li> <li>Month Day Year</li> </ul>										
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul			···		Duy		100			<u> </u>
-	Enter the minimum required contribution for this plan year					12b					

C	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	Part VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	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 of the PBGC?	control		Yes 🗙 No					
C 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	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	<b>13c(3)</b> PN(s)					
Part	VIII Trust Information (optional)								
14a	Name of trust	14b Trust's EIN							

Form 5500-SF         Short Form Annual Refurn/Report of Small Employee Benefit Plan         Control Contrel Control Control Control Contrel Control Control C		· · · · · · · · · · · · · · · · · · ·									
2013           Dependent of the part of t	Form 5500-SF										
Descense of Luxe         The Enternant Income Sociality Acid SIM of 1974 (ERISA), and sections 005/fty) and 0505(s) of 1974 (ERISA), and sections 0507(s) and 0505(s) of 1974 (ERISA), and the instantive of 1974		00	2013								
Present instruct Guerry Copyright         1         Copyright all andries in secondances with the instructions to the Form 3580-SF.         Imspection           Part II Annual Report Identification Information         27/33/2013         a not ending         27/33/2013           A The naturAreport is for:         If a whigh employme plan         a multiple employme plan         a number of the first returning of the		8(a) of	This Form is Open to Public								
Part1   Annual Report Identification Information       and ending       12/31/2013         Calcadora plane your 2013 of face amployee plan       a multiple-employee plan (not multiemployee)       3 one-participant plan         B This return/report is for:       is endine-employee plan       in multiple-employee plan (not multiemployee)       3 one-participant plan         C Check box If filing under       pocial actamization (wher description)       in the first entimy export       in the first entimy export         Part III:       Basic Plan Imformation—enter at requested information       in the first entimy export       in the first entimy export         Part III:       Basic Plan Imformation—enter at requested information       in the first entimy export       in the first entimy export         Part NIII:       Basic Plan Imformation—enter at requested information       in the first entimy export       in the first entimy export         24:       Plan inponeor's name and address; include mom or sulle reamber (employer, if for a single-employer plan)       in the first enditiation Number (employer plan)         XIRBAGAINSETT       EI       02882       22       22       Employer Identification Number (employer plan)         SA Manifestator's name and address; include mom or sulle reamber (employer, if for a single-employer plan)       in the first end address; include mom on the sult counter endities in the first endities in	Pension Benefit Guaranty Corporation				00-SF.	Inspection					
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B       This returniveport       In the first returniveport       In the first returniveport       In the first returniveport         C       Check box if filing under:       In an amoded returniveport       In a structurityport       In a structurityport         Filt II       Easier Plan Information—ener at requested information       Information—ener at requested information       Information—ener at requested information         13       Nume of plan       This IMAGING INSTITUTE       401.4 Structure of plan       ID       I											
C       Check box if filing under generative standing (enterport pendie version)       DEVC program         Pert II       Easie Plan Information—enter et requested information       DEVC program         18       New of plan       0.01         14       Deside version(enter description)       DEVC program         28       Plan timbor of plan       0.01         16       Name of plan       0.01         17       THE IMAGING INSTITUTE 4.01K PLAN       Ib Three-digt plan number (employer, if for a single-employer plan)         28       Plan aponsor's name and address: include room or suite number (employer, if for a single-employer plan)       20       Employer destification Number (employer if for a single-employer plan)         38.0       OCEAN ROAD       20       Explores telephone number 401-490-0044       20         38.0       OCEAN ROAD       20       Explores the plan sponsor Address       30       Administrator's telephone number 401-490-0044         38.0       OCEAN ROAD       30       0.2882       30       Administrator's telephone number 401-490-0044         38.0       OCEAN ROAD       30       0.2882       30       Administrator's telephone number 401-490-0044         38.0       OCEAN ROAD       30       0.2882       30       Administrator's telephone number 401-490-0044         38.	A This return/report is for:		] a one-participant plan								
C Check box if filing under:       Form 5558       automatic extension       DFVC program         Park II.       Basic Plan Information—enter at requested information       Ib Three-digital information—enter at requested information         14 Name of plan       Ib Three-digital information—enter at requested information       Ib Three-digital information—enter at requested information         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       Ib Employer Kentification Number (END 02-065 99758)         2a Plan administrator's name and address.       Fail       02882         3a Plan administrator's name and address.       Same as Plan Sponsor Name       Same as Plan Sponsor Address         3b Administrator's name and address.       Same as Plan Sponsor Name       Same as Plan Sponsor Address         3b OCERN ROAD       Sc Administrator's lenn       O2862         4 If the name and/or EIN of the plan sponsor has changed since the last return/report flad for the plan, enter the dop annuber from the last return/report.       4c PN         5a Total number of participants at the beginning of the plan year       5a       5a         5a Total number of participants at the end of the plan year       5a       5b       7         5a Total number of participants at the end of the plan year       5a       5a       5a       7         5a Total number of participants at the edgrining of the plan year ma	B This return/report is:										
Part II.         Basic Plan Information — enter all requested information         A Name of pla         THE IMAGING INSTITUTE 401K FLAN           1b Three-digit         plan number         out             (C)             (C)		rn/report (less than 12 π	nonths)								
Part II       Basic Plan Information - enter all requested information         1a Name of plan       1b Three-digit plan number (PN)         17 THE IMAGING INSTITUTE 401K PLAN       1b Three-digit plan number (PN)         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (EIN) 02-0639758         380 OCEAN ROAD       2b Employer Identification Number (EIN) 02-0639758       2b Employer Identification Number (EIN) 02-0639758         381 Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address       3b Administrator's EIN 02882         380 OCEAN ROAD       380 OCEAN ROAD       380 Administrator's talephone number 401-490-0044         NARRAGINSETT       RI       02882         4 If the name and/or EIN of the plan sponsor Name (Isame as Plan Sponsor Address and 401-490-0044       401-490-0044         NARRAGINSETT       RI       02882         4 If the name and/or EIN of the plan sponsor has changed since the last return/report fied for this plan, enter the aspensor same       4c FN         5a Total number of participants at the edd of the plan year       5a       5a         6a Vone at of participants with account biastness as of the end of the plan year (defined bonetil plans do not complete this lem).       § Yes [No         6a Vone at of participants with account biastness as of the end of the plan year resestof undig the plan year reset of mis fythe plan cannot u	C Check box if filing under:										
1a Name of plan       1b Trime-digit provide data of plan (PN) b       1b Trime-digit provide data of plan (O1/01/2004         2a Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan) THE INAGING INSTITUTE       2b Employer identification Number (EN) 02-0639758         380 OCEAN ROAD       2c Sponsor's telephone number (a01/01/2004       2c Sponsor's telephone number (a01-02-0639758         380 OCEAN ROAD       2d Business code (see Instructions) (a21510       3d Plan administrator's name and address. [Same as Plan Sponsor Address       3b Administrator's telephone number 401-490-0044         380 OCEAN ROAD       3a Plan administrator's name and address. [Same as Plan Sponsor Address       3b Administrator's telephone number 401-490-0044         380 OCEAN ROAD       3c Administrator's telephone number 401-490-0044       3c Administrator's telephone number 401-490-0044         All the name and/or EN M and the plan sponsor has changed since the last return/report filed for this plan, enter the 4 Sponsor's name       4b EN         A tild the name and/or EN M and the plan sponsor has changed since the last return/report filed for this plan, enter the 4 Sponsor's name       4c PN         5a Total number of participants with account biasces as of the end of the plan year       5b       7         6a Wores of the plan scale during the plan year invested in eligible assest? (See instructions.).       W Yes [No       No         6a Wores of the plan scale during the plan year investin din ingly bland conditions.       W											
THE IMAGING INSTITUTE 401K PLAN       information of an intermediation of the plan sponsor's name and address; include noom or suite number (employer, if for a single-employer plan)       The Effective data of plan         2a Plan sponsor's name and address; include noom or suite number (employer, if for a single-employer plan)       Zb Employer Identification Number (END 02-0639756         2a OCEAN ROAD       Zb Employer Identification Number (END 02-0639756       Zc Sopors's telephone number 401-490-0044         3a Pine administrator's name and address; Barne as Plan Sponsor Name [Same as Plan Sponsor Address       3b Administrator's name of the plan number (apployer plan)         3B Pine administrator's name and address; Barne as Plan Sponsor Name [Same as Plan Sponsor Address       3b Administrator's telephone number 401-490-0044         3B Pine administrator's name address; Barne as Plan Sponsor Name [Same as Plan Sponsor Address       3b Administrator's telephone number 401-490-0044         3B OCEAN ROAD       Sc Administrator's telephone number 401-490-0044       Sc Promote 1000000000000000000000000000000000000		nation-enter all requested information	ation			***********					
ic       (PN) b       [001]         2a       Plan sponsor's name and address; include room or sule number (employer, if for a single-employer plan)       2b       Employer identification Number (Employer, if for a single-employer plan)         380       OCEAN ROAD       2b       Employer identification Number (Employer, if for a single-employer plan)         381       OCEAN ROAD       2c       Sponsor's telephone number (Employer identification Number identification Number (Employer identification Number identification Number (Employer identification Number identidentificatidentificatidentification Number identification Number i					1	<b>e</b>					
2a Pion sponso's name and address; include nom or suite number (employer, if for a single-employer plan)       2b Employer identification Number (INN 02-0639758         380 OCEAN ROAD       2b Employer identification Number (INN 02-0639758       2c Sopors's telephone number (INN 02-0639758         380 INTERAGRINSETT       RI       02882       2c Sopors's telephone number (401-490-0044         381 Pion administrator's name and address       Barne as Pian Sponsor Name       Same as Pian Sponsor Address       3b Administrator's Ell         382 OCEAN ROAD       3b Administrator's telephone number 401-490-0044       3b Administrator's telephone number 401-490-0044         380 OCEAN ROAD       3b Administrator's telephone number 401-490-0044       3b Administrator's telephone number 401-490-0044         380 OCEAN ROAD       3b Administrator's telephone number 401-490-0044       3b Administrator's telephone number 401-490-0044         A If the name and/or EIN of the plan sponsor has changed since the tast return/report filed for this plan, enter the name, end/or EIN of the plan year muses the lead return/report filed for this plan, enter the name, end/or EIN of the plan year invested in eligible assesses (See instructions.)       5b       7         6a Vers all of the plan's assets during the plan year invested in eligible assesses (See instructions.)       5c       7         6a Wers all of the plan's assets during the plan year invested in eligible assessed unless reasonable cause is established.       7       5b       7         6a Were a	THE IMAGING INSTITUTE	401K PLAN			· ·	10.07					
2a       Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan)       01/01/2004         THE       INAGING INSTITUTE       2b       Employer identification Number (employer, if for a single-employer plan)         380       OCEAN ROAD       2c       Sponsor's telephone number (address)         381       INARRAGANSETT       RI       02882         382       THE IMAGING INSTITUTE       3b Administrator's telephone number (address)         380       OCEAN ROAD       3c       Administrator's telephone number (address)         380       OCEAN ROAD       3b       Administrator's telephone number (address)         380       OCEAN ROAD       3c       Administrator's telephone number (address)         380       OCEAN ROAD       3c       Administrator's telephone number (address)         380       OCEAN ROAD       3c       Administrator's telephone number (address)         380       Tell number of participants at the edo of the plan year.       5a       5a         5a											
THE IMAGING INSTITUTE       (EIN) 02-0699758         380 OCEAN ROAD       (EIN) 02-0699758         381 OACEAN ROAD       22 Sponsor's telephone number doll-490-0044         382 Plan administrator's name and address [Same as Plan Sponsor Name ]Same as Plan Sponsor Address       3b Administrator's EIN 02-0699758         380 OCEAN ROAD       30 Administrator's EIN 02-0699758       3b Administrator's EIN 02-0699758         380 OCEAN ROAD       3c Administrator's EIN 02-0699758       3c Administrator's EIN 02-0699758         380 OCEAN ROAD       3c Administrator's EIN 02-0699758       3c Administrator's EIN 02-0699758         380 OCEAN ROAD       3c Administrator's telephone number 401-490-0044       4b EIN         ARRRAGANSETT       RI       02882         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan namber from the last telum/report.       4c PN         5a Total number of participants at the end of the plan year       5a       7         5a Total number of participants at the end of the plan year       5a       7         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)											
380 OCEAN ROAD       Image: Comparison of the plan space of th	2a Plan sponsor's name and addre	ess; include room or suite number (er	nployer, if for a single	-employer plan)	1						
380 OCEAN ROAD       401-490-0044         NARRAGANSETT       RI       02882         331 Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         380 Plan administrator's name and address       Same as Plan Sponsor Address       3b Administrator's telephone number         380 OCEAN ROAD       3b Administrator's telephone number       401-490-0044         NARRAGANSETT       RI       02882         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number for the tak return/report.       4b EIN         45 Total number of participants at the end of the plan year       5a       7         54 Total number of participants at the end of the plan year       5a       7         55 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       7         6a Were all of the plan's sasets during the plan year invested in eligible assets? (See instructions.)       Yes No       Yes No         b Are you claiming a waiver of the sanual examination and report of an independent qualified public accountant ((DPA)       Yes No         10 during the plan is a defined benefit plan, is it covered under the PBGC Insurance program (see ERIAs section flocing), the late or incomplete, it is introder the PBGC Insurance program (see ERIAs section flocing)       Yes No	THE TRACING INSTITUTE	8				······					
NARRAGANSETT       RI       02882       2d       Business code (see instructions)         3a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's name       3c       Administrator's ElN       02-0659758       3c       Administrator's ElN       02-069758       3c	380 OCEAN ROAD										
INARRAGANSETT       RI       0.2882       621510         3a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b Administrator's EIN         THE IMAGING INSTITUTE       0.2059758       3c Administrator's telephone number         380 OCEAN ROAD       Administrator's telephone number       401-490-0044         NARRAGANSETT       RI       0.2982       4c PN         4 If the name and/or EIN of the plan sponsor has changed since the last return/report.       5a       7         5a Total number of participants at the beginning of the plan year       5a       7         5a Total number of participants at the end of the plan year       5b       7         6a Were all of the plan's assets during the plan year (defined benefit plans do not complete this lem)       5c       7         6a Were all of the plan's assets during the plan year (defined benefit plans)       Even       Vers       No         b Are you calaring a waiver of the anila examination and report of an independent qualified public accountant (IOPA)       Vers       No         1 fue plan is a defined benefit plan, is it covered under the PBGC insurance program (see ENSA section 4021)?       Ves       No         6a Were all of the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ENSA section 4021)?       Ves       No       Not determined      <											
THE IMAGING INSTITUTE       02-0699753         380 OCEAN ROAD       3c Administrator's telephone number 401-490-0044         MARRAGANSETT       RI       02882         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number form the last return/report.       4b EIN         6a None of participants at the end of the plan year       5a       7         5b Total number of participants at the end of the plan year       5a       7         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       7         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       EX Yes    No if you answered "No" to either line 6a or line 6b; the plan cannot use Form 5500-SF and must instead use Form 5500.       C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes    No       No the term/report, including, if applicable, a Schedule SB or Schedule MB complete and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule SB or Schedule MB complete and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and bellef, it is true, correct, and complete.       Mo/L (4) DANIEL DIPRETE         Signature of plan administrator       Date       Enter name of individual signing as plan administrator <t< td=""><td>NARRAGANSETT</td><td>RI 02882</td><td></td><td></td><td>1</td><td></td></t<>	NARRAGANSETT	RI 02882			1						
380 OCEAN ROAD       3c Administrator's telephone number 401-430-0044         NARRAGANSETT       RI       02882         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the a Sponsor's name       4b       EIN         5a       Total number of participants at the beginning of the plan year       5a       7         5a       Total number of participants at the end of the plan year       5a       7         c       Number of participants with acount balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       7         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xes       Xes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant ((DPA)       Xes       No         if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Xes       No       No tdetermined         Caution: A penalty for the late or incomplete filing of this return/report will be assetsed unless reasonable cause is established.       Model and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Signature of p			ame Same as Pla	n Sponsor Address							
380 OCEAN ROAD       401-490-0044         NARRAGANSETT       RI       02882         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         a Sponsor's name       4c       PN       5a       7d         5a Total number of participants at the beginning of the plan year       5a       7d       7b       Total number of participants at the end of the plan year       5a       7d       7b       7c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       7         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xes   No       Xes   No         b Are you claining a vaiver of the annual examination and report of an independent qualified public accountant (ICPA)       Xes   No       No         off typu answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Xes   No       No tdetermined         C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes   No       No tdetermined         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unsets reasonable cause is established.       Under penaltises of perjury and other panaltites at lawy,	THE IMAGING INSTITUTE										
NARRAGANSETT       RI       02882         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4c       PN         5a       Total number of participants at the edginning of the plan year       5a       7         5a       Total number of participants at the edginning of the plan year       5a       7         6a       Were all of the plan's assets during the plan year independent qualified public accountant (IOPA)       Xes       New Set         6a       Were all of the plan's assets during the plan year independent qualified public accountant (IOPA)       Xes       New Set         6a       Were all of the plan's assets during the plan year independent qualified public accountant (IOPA)       Xes       New Set       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)       Xes       No         fy you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ER/SA section 4021)?       Yes       No         Caution: A penalty for the late or incomplete filling of thin return/report will be assessed unless reasonable cause is established.       Stochule MB completed and signed by an enrolled acluary, as well as the electronic version of this return/r					1						
4         If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the aname, EIN, and the plan number from the last return/report.         4b         EIN           a Sponsor's name         4c         PN           5a         Total number of participants at the beginning of the plan year         5a         7d           b Total number of participants at the end of the plan year         5b         7           c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)         5c         7           6a         Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)          Xes         No           b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant ((QPA)          Xes         No           under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)          Yes         No          Not determined           C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?          Not determined          Not determined           SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule          Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belef, it is true,	380 OCEAN ROAD				1 -						
a Sponsor's name       4c PN         a Sponsor's name       5a Total number of participants at the beginning of the plan year       5a         5a Total number of participants at the end of the plan year       5a       7c         b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       7         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Stesses       Stesses       7         6a Were all of the plan's assets during the plan year invested in a ligiple assets? (See instructions.)       Stesses       Stesses       Net       Net         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Stesses       Net       Net <td>NARRAGANSETT</td> <td>RI 02882</td> <td></td> <td></td> <td></td> <td></td>	NARRAGANSETT	RI 02882									
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5a       Total number of participants at the beginning of the plan year       5a       7         b       Total number of participants at the end of the plan year       5b       7         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	name, EIN, and the plan numb	er from the last return/report.	or roturiaropart mod r	or this plan, criter the	40 C						
b       Total number of participants at the end of the plan year       5b       7         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       7         Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sc       7         Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sc       7         Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sc       7         Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sc       7         Marce you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Sc       Yes       No         If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500.SF and must instead use Form 5500.       C       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       No       Not determined         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule       Schedule MB comp											
c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					<u>5a</u>	7					
complete this item)       5c       7         Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xer you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Xers No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Xers No         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Xers No       Yers No         if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Xers No       Not determined         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)					5b	7					
Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Comparison of the annual examination accountant (IQPA)       Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Comparison of the annual examination and report of an independent qualified public accountance program (see ERISA section 4021)?       Image: Comparison of the annumeter (Image: Comparison o	<ul> <li>C Number of participants with acc complete this item)</li> </ul>	count balances as of the end of the p	an year (defined bene	efit plans do not	5c	7					
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions on waiver eligibility and conditions.)       Image: Constructions on waive eligibility and conditions.)					<u> </u>						
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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         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	SB or Schedule MB completed and s	signed by an enrolled actuary, as wel	, I declare that I have II as the electronic ver	examined this return/report sion of this return/report	port, incl , and to	uding, if applicable, a Schedule the best of my knowledge and					
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           Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)         Preparer's telephone number (optional)	SIGN C		7/6/14	DANIEL DIPRET	E						
SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	HERE Signature of plan adm	inistrator	Date	Enter name of individ	ual sioni	no as plan administrator					
HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor           Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)         Preparer's telephone number (optional)											
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)  Preparer's telephone number (optional)  Preparer's telephone number (optional)		/plan sponsor	Date	Enter name of individ	ual eigni	na as employer or plan enoncer					
	Preparer's name (including firm nam	e, if applicable) and address; include	room or suite numbe	r (optional)							
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2013)											
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Pa	rt III Financial Information	Na 11 an Frank I an Indiana a Juni								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	Ι	*****	(b) End	of Year	Televisioni este con veloculare	
а	Total plan assets	7a		5670	)4				924090	
b	Total plan liabilities	7b							*****	
c	Net plan assets (subtract line 7b from line 7a)	7c	6	5670	)4				924090	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	1	0508	30					
	(2) Participants	8a(2)		4812	25					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	1	1992	:6					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							273131	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
<u> </u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		574	5					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5745	
i	Net income (loss) (subtract line 8h from line 8c)	8i							267386	
j	Transfers to (from) the plan (see instructions)	81								
Pai	t IV Plan Characteristics		Same							
b	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       2K       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par		a ( Trico de Charles de Caracteria)				<b>-</b>	<u>,                                     </u>			
10	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in				Yes	No	<b> </b>	Amoun	<u>t</u>	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		x	ļ			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x	Į			
C	Was the plan covered by a fidelity bond?			10c	х				100000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x			*****	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	x				1836	
f	Has the plan failed to provide any benefit when due under the pla	n?		107		x				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	I notice or one of the	10i						
Part	VI Pension Funding Compliance		******			5-2	<b>*</b>			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Π	es 🗌 No	
11a	Enter the unpaid minimum required contribution for current year fr				1	11a	1	6		
12	Is this a defined contribution plan subject to the minimum funding		******				ERISA?	ΠY	es 🛛 No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			*******			Ī		in	
a	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 instru		and e	enter ti Day		he letter Year	ruling	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
If	you completed mic ita, complete mice o, o, and it of other	e MB (Fon	m 5500), and skip to line 13.							
	Enter the minimum required contribution for this plan year					12b				

Form 5500-SF 2013

Page 3 -

And and an and a second										
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)	of a	12d							
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 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?		Υ	Yes 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 of the PBGC?	under the	control		γ	'es 🕅 No				
C										
1	3c(1) Name of plan(s):	1	3c(2) El	N(s)	130	c(3) PN(s)				
				,,	Ī					
Part	Part VIII Trust Information (optional)									
14a	Name of trust	1	14b Trust's EIN							