## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Per	nsion Be	nefit Guaranty Corporation	➤ Complete all entries in acc	cordance with the instri	ictions to the Form 550	0-SF	Insp	ection	
Pai	rt I	Annual Report	Identification Information	cordance with the moti	detions to the Form 550	0-01.			
-			scal plan year beginning 01/01/2	2013	and ending 1	12/31/2	2013		
A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer)  a one-participant plan								nt plan	
<b>B</b> T	his retu	urn/report is:	the first return/report	the final return/repor	t				
			an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	1		
<b>C</b> C	C Check box if filing under: X Form 5558 automatic extension								
				DFVC program					
Par	t II	Rasic Plan Info	special extension (enter descri	. ,					
		of plan		Jillauoli		1b	Three-digit		
		•	FESSIONALS 401(K) PROFIT SHA	RING PLAN			plan number		
			. ,				(PN) <b>▶</b>	001	
								olan	
0			<del> </del>				01/01/2		
		onsor's name and ad H RADIOLOGY PRO	dress; include room or suite numbe	r (employer, if for a single	e-employer plan)	2b	Employer Identific		
. , (=10)	DLITO	THU BIOLOGI THO	1 2001010(20,17)			20	(=)		
E204 C		IODECC AVENUE				20	Sponsor's telepho		
		IGRESS AVENUE AL CENTER				2d	Business code (se		
ATLAN	NTIS, F	FL 33462					621111	oo mondonono,	
<b>3a</b> F	Plan ac	lministrator's name ar	nd address XSame as Plan Sponso	or Name Same as Pla	an Sponsor Address	3b	Administrator's El	N	
				ш	•				
						3с	Administrator's tel	ephone number	
4	f the n	ame and/or EIN of the	e plan sponsor has changed since the	he last return/report filed	for this plan, enter the	4b	FIN		
			mber from the last return/report.		, , , , , , , , , , , , , , , , , , , ,	TO LIN			
	•	or's name				4c	PN		
5a '	Total n	umber of participants	at the beginning of the plan year			5a			
b ·	Total n	umber of participants	at the end of the plan year			5b		19	
			account balances as of the end of the		•	5c		19	
_		•	s during the plan year invested in eli					X Yes No	
_		•	f the annual examination and report	•	,	PA)			
			? (See instructions on waiver eligibil	•				X Yes No	
	•		ither line 6a or line 6b, the plan ca			_			
C	f the p	lan is a defined benef	fit plan, is it covered under the PBG0	C insurance program (se	e ERISA section 4021)?	📙	Yes No	Not determined	
Caut	ion: A	penalty for the late	or incomplete filing of this return	/report will be assessed	l unless reasonable cau	use is	established.		
			her penalties set forth in the instruct					ole, a Schedule	
			nd signed by an enrolled actuary, as	s well as the electronic ve	ersion of this return/report	t, and t	to the best of my k	nowledge and	
bellet	r, it is ti	rue, correct, and com	DIETE.						
SIGN		Filed with authorized/	valid electronic signature.						
HERI		Signature of plan a		Date	Enter name of individ	ual sin	ıning as nlan admir	nietrator	
0101		Oignature or planta	diffinistrator	Date	Enter name of marvia	uai sig	ining as plan admi	iistrator	
SIGN		<u> </u>							
		Signature of emplo	yer/plan sponsor name, if applicable) and address; inc	Date	Enter name of individ				
riepa	aiti S l	iame (including iiim n	ame, ii applicable) and address; inc	Jude 100m of Suite numb	ει (υμιιυπαι)	гер	arer's telephone n	umber (optional)	

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Da	4 III.   Financial Information							
	t III Financial Information		<u> </u>		1			
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year	
-	Total plan assets	7a	276982		-	3811527 0		
	Total plan liabilities	7b		0				
_	Net plan assets (subtract line 7b from line 7a)	7c	276982	3			3811527	
	me, Expenses, and Transfers for this Plan Year  (a) Amount						(b) Total	
а	ontributions received or receivable from: Employers			4				
	(2) Participants							
	(3) Others (including rollovers)	8a(3)		0				
-	Other income (loss)	8b	41151	4				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1145326	
	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d	9790	1				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g	572	1				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					103622	
i	Net income (loss) (subtract line 8h from line 8c)	8i					1041704	
j	Transfers to (from) the plan (see instructions)	8j		0				
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X		
С	Was the plan covered by a fidelity bond?			10c	X		150000	
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	ner person	s by an insurance carrier,					
	insurance service, or other organization that provides some or all			100	X		4891	
	instructions.)			10e		X	4031	
f	,, , .			10f				
g		-		10g		X		
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			10i				
Part	VI Pension Funding Compliance							
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39							
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)					
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	<u> </u>	Mon		, and e	enter th Day	ne date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				Т	
h	Enter the minimum required contribution for this plan year					12b	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			
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	<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	14b Trust's EIN					

Form 5500-SF	Short Form Annual Re	ree		OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service	This form is required to be filed	9	2013				
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of	Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058; the Internal Revenue Code (the Code).					
Penalen Benefit Guaranty Corporation	► Complete all entries in accorda	•	•	LSE.	lr	napection	
	entification information						
For calendar plan year 2013 or fiscal	plan year beginning	01/01/2013	and ending	12	2/31/2013		
A This return/report is for:	a single-employer plan 🔲 a	ı multiple-employer p	lan (not multiemployer)	_ [	a one-partici;	pant plan	
B This return/report is:	The first return/report 11	he final retum/report					
	an amended return/report 🔲 a	shori plan year retu	m/report (less than 12 m	onths)			
C Check box if filing under:	Form 5558 a	rotomatic extension		[	DFVC progre	ım	
	special extension (enter description)	•		•	<del></del>		
Part II Basic Plan Inform	nation — enter all requested inform	ation					
1a Name of plan		, , , , , , , , , , , , , , , , , , , ,		1b	Three-digit		
Palm Beach Radiology	Professionals 401(k) Pro	fit Sharing Pl	an		pian number (PN) ►	001	
					Effective date o		
					01/01/2005		
29 Plan sponsor's name and addre Palm Beach Radiology	ess; include room or suite number (em Professionals, PA	ployer, if for a single	employer plan)		Employer identi (EIN) 20-08	ification Number 76068	
5301 S. Congress Aver	ານອ			2c Spansor's telephone number (561) 548-1230			
JFK Medical Center						(see instructions)	
US Atlantis	FL 33462	<del>. = -</del>			621111		
38 Plan administrators name and s	address X Same as Plan Sponsor t	Name [_] Same as 1	Plan Sponsor Address	3b Administrator's EIN			
				3C Administrator's telephone number			
4 If the name and/or EIN of the pl	an sponsor has changed since the les	I minus/second filed fo	or this plan, aplay the	4b	EIN		
name, EIN, and the plan number		it retormine port modern	i ind pini, enter the				
8 Sponsor's name				4c	PN		
5a Total number of participants at (	the beginning of the plan year		************************	5a		19	
• •	the end of the plan year			5b		19	
	ount balances as of the end of the pla			6c		19	
	ring the plan year invested in eligible a					X Yes No	
	ennual examination and report of an see instructions on waiver eligibility and	• • • • • • • • • • • • • • • • • • • •	d public accountant (IQP	A)		X Yes No	
	r line 8a or line 6b, the plan cannot		and must instoad use F	orm 5	500.		
c If the plan is a defined benefit p	lan, is it covered under the PBGC insu	rence program (see	ERISA section 4021)?	[	Yes No	Not determined	
Caution: A panalty for the late or	incomplete filing of this return/repo	ort will be assossed	ប្រាថែននុ reasonable cau	se is e	stablished.		
	r penalties set forth in the instructions, signed by an enrolled actuary, as woll te.						
aight		9/20/2014	Adam	6.	Mr.		
HERE Signature of plan administrator Date Enter name of individua				i signir	ng as plan admi	nistrator	
8(d))							
HERE Signature of employer/pl	an sponsor	Date	Enter name of individua	l signir	ng as employer	or plan sponsor	
1 (1000)	ne, if applicable) and address: include		The Control of the Co			number (optional)	
						ì	
						l	
				K. (1873)	MATERIA	GOODESCANDAGESSAGES	
	· 						

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

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. in .					-				
7	Financial Information	Τ.							
a	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
					┰			3,611,527	
	7 Total plan (lab)lities			0				0	
8	Not plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year		2,769,823			3,811,527			
_	Contributions received or receivable from:		(a) Amount		• 455 a	Non correct o	(b) To		
	(1) Employers	8a(1)	475,4	44	1 (10) 10 (10) 10 (10)	11.00	el major de la companya de la compa		
	(2) Participants	8a(2)	258.3	60					
1.	(3) Others (including rollovers)	Sa(3)		0			depend on the fact of the state		
	Other income (loss)	8b	411,5			(A)	"我的我们	學。在於意識的概念	
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		學學證	<u> </u>			1,145,326	
<u> </u>	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	97,90	01			AT THE SECOND SECOND	Service of the servic	
8	Certain deemed and/or corrective distributions (see instructions)	80		0					
f	Administrative service providers (salaries, fees, commissions)	Bf_		0					
9_	Other expenses	88	5,7	21	[Ass. Jan.	oral de			
h	Total expenses (add fines 8d, 8e, 8f, and 8g)	8h			1			103,622	
<u> </u>	Net income (loss) (subtrect line 8h from line 8c)	81		g XI.	1			1,041,704	
	Transfers to (from) the plan (see instructions)	81		0	1980				
Pa	irt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Characte	eristic	Code	s in th	e instruction	19:	
	2A 2E 2F 2G 2J 3D								
b	If the plan provides welfare benefits, enter the applicable wolfare fea	iture codes	from the List of Plan Character	ristic (	Codes	in the	instructions	r.	
De	Compliance Questions								
10	During the plan year:				Yee	No		imount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduc			10a	<u> </u>	x		anyon,	
Ь	<u>-</u> '	(Do not le	clude transactions reported	10b		x			
_	Was the plan covered by a fidelity bond?			10c	х	<u> </u>		150,000	
	Did the plan have a loss, whether or not relimbursed by the plan's t	Edolike boo	d that was consad by froud	100	<del>  - ^</del> -	<u> </u>		150,000	
	or dishonesty?		0, 1101 Was Caused by 11005	10d	<u></u>	х			
е	Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all of instructions.)	of the bene	flis under the plan? (See	100	x			4,891	
f	•			101		x			
			<del></del>	-	<u> </u>	<del></del>			
8	Did the plan have any participant loans? (If "Yes," enter amount as	_		10g	<u> </u>	x			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		×		The state of the s	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			101				en jednika Karan Palasa Karan Baran Baran	
Pa	rt Vi Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
11	118 Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39								
	2 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes 🗵 No								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
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 lotter ruling granting the waiver Month Day Year								
If	you completed line 1Zs, complete lines 3, 9, and 10 of Schedule		TIME T						
	Enter the minimum required contribution for this plan year					125	_		

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С	Enter the amount contributed by the employer to the plan for this plan year	126				
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 nepative amount)	120		•		
Ð	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?	. 🗆 🗸	es X	No		
***	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
Ъ	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC7			□ <u>Y</u> os	X No	
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	lo				
1		3c(2) EIN	(s)	13c(3)	PN(9)	
Part	Viii Trust Information (optional)					
14a	Name of trust	1461	14b Trust's EIN			
1	Palm Beach Radiology Professionals		46-43	146290		
		1				