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).

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit WYCKOFF IMAGING SERVICES, PC 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2003 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number WYCKOFF IMAGING SERVICES, PC (EIN) 86-1061721 Sponsor's telephone number 718-963-6551 374 STOCKHOLM STREET BROOKLYN, NY 11237 Business code (see instructions) 621399 3b Administrator's EIN **3a** Plan administrator's name and address XSame as Plan Sponsor. **3c** Administrator's telephone number 4b EIN 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 a Sponsor's name Total number of participants at the beginning of the plan year 5a 8 **b** Total number of participants at the end of the plan year..... 5b 8 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 8 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 8 d(2) Total number of active participants at the end of the plan year..... 5d(2) 8 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested.

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

bellet, it is	true, correct, and complete.					
SIGN HERE	Filed with authorized/valid electronic signature.					
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)		

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the control of th	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.		X Yes			
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not dete	rmined		
Par	t III Financial Information	1	Г		-						
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		050		
	Total plan assets 7a 1561551 1818356 Total plan liabilities 7b										
	Total plan liabilities	551	1818356								
	Net plan assets (subtract line 7b from line 7a)	7c	15615)J I)						
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			(b) Total					
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	1648	308							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	920)33							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						256	841		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f		36							
	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							36		
i	Net income (loss) (subtract line 8h from line 8c)	8i						256	805		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
Part	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions										
10	During the plan year:				Yes	No		Amount			
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.	iciary Cor	rection Program)	10a		Χ					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		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 plan's or dishonesty?			10d		Χ					
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X					
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3										
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s X No		
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a					
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
	(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.	-			, and e	enter th Day		e letter r Year	uling		

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
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 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						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

2014

This Form is Open to Public Inspection

Part I		Identification Information								
For calend	ar plan year 2014 or fis	scal plan year beginning	01/01/2014	and ending	12/31/201					
A This re	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan									
B This re	turn/report is:	the first return/report	the final return/repor							
		an amended return/report	a short plan year retu	nonths)						
C Check	C Check box if filing under: Form 5558 automatic extension					rogram				
		special extension (enter descr	ription)							
Part II	Basic Plan Info	ormation enter all requested	information							
1a Name	e of plan				1b Three-digit					
Wvc	coff Imaging Se	rvices, PC 401(k) Plan			plan numbe (PN) ►	er 001				
,	toll induling bo.	111005, 10 101(11, 11011			1c Effective date of plan					
					01/01/2003					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Wyckoff Imaging Services, PC					2b Employer Identification Number (EIN) 86-1061721					
					2c Sponsor's to (718) 96	elephone number 63-6551				
374 8	Stockholm Street				2d Business code (see instructions)					
ris B	rooklyn NY 11237				621399	yaa (yaa manaana)				
		nd address X Same as Plan Sp	onsor Name		3b Administrat	or's EIN				
A 164ba	2000 and/or FIN of the		Abo Look waterwaters and Stadie		4b EIN					
name	, EIN, and the plan nur	e plan sponsor has changed since nber from the last return/report.	the last return/report filed t	or this plan, enter the						
	sor's name				4c PN	8				
	•	at the beginning of the plan year				8				
		at the end of the plan yearaccount balances as of the end of the								
					5c	8				
d(1) Tot	al number of active par	ticipants at the beginning of the pla	ın year		5d(1)	8				
d(2) Tot	al number of active par	ticipants at the end of the plan yea	•		5d(2)	8				
Numb	•	erminated employment during the			Ju(2)					
		······································			5e	0				
Caution:	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	l unless reasonable ca	use is established					
Under per SB or Sch	nalties of perjury and o	ther penalties set forth in the instru	ctions, I declare that I have	e examined this return/re	eport, including, if ap	pplicable, a Schedule				
91011	1111.1		Ulula	Frank Vutrano	And 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
SIGN _ HERE	Signature of plan adm	inistrator	Date	Enter name of individu	al cioning ac plan s					
********	Signatur o or pian aun	iiiistiator	Date	Enter name of individu	at signing as plant a	GITHIUSUALO				
SIGN										
	Signature of employe		Date	Enter name of individu		<u> </u>				
Preparers	s name (including firm i	name, if applicable) and address; ir	iclude room of suite numb	ег (орионаг)	Preparer's telephi	one number (optional)				
					100					

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6a \	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)					X Yes	ΠNο		
_	re you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)										
	nder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
ì	f you answered "No" to either line 6a or line 6b, the plan canno	t use For	ກ 5500-SF and must instead ເ	ıse F	orm 5	500.					
c I	f the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section 402	1)?		Ye	s 🗌 No	Not •	determined		
Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	•			(b) End	of Year			
a	Total plan assets	7a	1,561,5	51				1,818	,356		
<u>b</u>	Total plan liabilities										
	Net plan assets (subtract line 7b from line 7a)	7c	1,561,5	1,818,356							
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		-		(d)	Γotal			
	Contributions received or receivable from: 1) Employers	8a(1)									
	2) Participants	8a(2)	164,80	80		MARCO STATE OF THE PARTY OF THE					
	3) Others (including rollovers)	8a(3)				300 C 200					
b (Other income (loss)	8b	92,0	33		The second of th					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	A Company Control Co.			256,841					
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d									
************	Certain deemed and/or corrective distributions (see instructions)	8e									
_	Administrative service providers (salaries, fees, commissions)	8f		36							
g	Other expenses	8g				THE SECOND					
h -	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			36						
<u>i</u> 1	Net income (loss) (subtract line 8h from line 8c)	8i	Stationer		256,805						
<u> </u>	Transfers to (from) the plan (see instructions)	8j									
	t IV Plan Characteristics		and the second s								
9a ∣	f the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	eristic	: Code	s in th	ne instructi	ons:			
+	2E 2F 2G 2J 3D										
b I	f the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Character	ristic	Codes	in the	instructio	ns:			
Pai	t V Compliance Questions										
10	During the plan year:				Yes	No		Amount			
a	Was there a failure to transmit to the plan any participant contribut	ions within	the time period described in								
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ction Program)	10a	<u> </u>	Х					
b	Were there any nonexempt transactions with any party-in-interest?			10b		x					
	Was the plan covered by a fidelity bond?			10c	х				100,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's f	fidelity bon	d, that was caused by fraud								
	or dishonesty?			10d		Х	ļ				
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of										
	instructions.)			10e		х					
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		x					
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х					
h	If this is an individual account plan, was there a blackout period? (See instru	ctions and 29 CFR				11.0				
	2520.101-3.)		***************************************	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the			10i	}						
Par	exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance	-0		101	<u> </u>	<u> </u>					
***************************************			/as II ass instructions and some	loto S	chod:	ulo SD	/Form				
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)										
	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39								. जि		
12	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,			ian:		****	o doto of	ho lottor -	uling		
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver	ig amortize	ed in this pian year, see instructi Moi	ions, nth _	and er	iterith _ Da	e date of t	Year	y		