## Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

**HERE** 

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).

▶ 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 first return/report the final return/report **B** This return/report is 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) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit DIGITAL IMAGING DIAGNOSTICS PLC 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2009 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number DIGITAL IMAGING DIAGNOSTICS PLC 26-3321409 (EIN) Sponsor's telephone number 561-795-9150 12788 W. FOREST-HILL BLVD **SUITE 1003** Business code (see instructions) WELLINGTON, FL 33414 621111 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **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. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year ..... 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 3 d(2) Total number of active participants at the end of the plan year..... 5d(2) 2 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 belief, it is true, correct, and complete Filed with authorized/valid electronic signature **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN

Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

	Form 5500-SF 2014		Page <b>2</b>								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independ and conditio	ent qualified public accountans.)	nt (IQ	PA)				ш 	es [	No No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pro	gram (see ERISA section 40	21)? .		Yes	No	1	Not de	termi	ned
Par	t III Financial Information										
_7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of	Year		
	Total plan assets	. 7a	6976						89	3514	
	Total plan liabilities	. 7b	6976	0					90	0 3514	
	Net plan assets (subtract line 7b from line 7a)	. 7c		121	-					3314	—
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(1	o) To	aı		
	(1) Employers	. 8a(1)	806	91							
	(2) Participants	. 8a(2)	575	00							
	(3) Others (including rollovers)	. 8a(3)		0							
b	Other income (loss)	. 8b	615	23							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							19	9714	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0							
	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)	. 8f		0							
g	Other expenses	. 8g	38	21							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								3821	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							19	5893	<u> </u>
j	Transfers to (from) the plan (see instructions)	· 8j		0							
Part	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan	eature codes	s from the List of Plan Charac	cterist	ic Coc	les in t	he instr	uctior	ns:		
10	During the plan year:				Yes	No		Α	mour	t	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			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	Χ					7	70000
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.)	of the benef	its under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	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	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es >	< No
11a	Enter the unpaid minimum required contribution for current year for	rom Schedul	e SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction	302 of	ERISA'	?	Υ	es >	< No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below		•				<u>L</u>				
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	-			, and 6 	enter tl Day			e letter 'ear _	rulin	g 

	Form 5500-SF 2014	Page <b>3</b> - 1					
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 the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		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)	<b>13c(3)</b> 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 Socurity 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

F	at	Annual Repor	t Identification Information		"		<u> </u>				
Fo	cal	endar plan year 2014 or f	iscal plan year beginning	01/01/2014	and ending	12/31/201	4				
		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									
В	This	return/report is:	the first return/report	the final return/report							
			an amended return/report	a short plan year retu	rn/report (less than 12 n	months)					
C	Che	eck box if filing under:	Form 5558	automatic extension		DFVC pr	ogram				
) 	verti: eero	) //((a)	special extension (enter desc								
	ä		ormation enter all requested	information		1					
16		ame of plan igital Imaging Di	iaonostics PLC 401(k) Fl	an		1b Three-digit plan numbe (PN) ►	001				
						1c Effective da 01/01/20	•				
2a		an sponsor's name and a igital Imaging Di	address; include room or suite numb Lacmostics PLC	er (employer, if for a single	employer plan)	2b Employer Identification Number (EIN) 26-3321409					
		788 W. Forost-Hill B	lvd			2c Sponsor's to (561) 79	elephone number 95-9150				
	ສູນ	ite 1003 Wellington FL 33414				2d Business co 621111	de (see instructions)				
3a			and address 🕱 Same as Plan Sp	onsor Name		3b Administrat	or's EIN				
						3c Administrat	or's telephone number				
4	្រ ពុន	the name and/or EIN of the name and/or EIN of the	he plan sponsor has changed since umber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN					
ε	\$p	oonsor's name				4c PN					
5a	1 1 11	otal number of participant	ts at the beginning of the plan year	***************************************		5a	3				
b	†*e	otal number of participant	ts at the end of the plan year	***************************************		5b	3				
C	Z C	umber of participants with proplete this item)	account balances as of the end of	the plan year (defined bene	fit plans do not	5c	3				
		Į.	articipants at the beginning of the pla	-		5d(1)	3				
d			articipants at the end of the plan yea			5d(2)	2				
e	le	ss than 100% vested	t terminated employment during the	plan year with accrued ber	ents that were	5e	0				
			e or incomplete filing of this retur								
S b	Blor ellef,	Schedule MB completed It is true, correct, and co	other penalties set forth in the instru and signed by an enrolled actuary, mplete.	as well as the electronic ve	examined this return/re rsion of this return/repo	eport, including, if and it and to the best o	oplicable, a Schedule fmy knowledge and				
				0/12/15	Eric Baumel						
37.	IER.	Ell Signature of plan ad	ministrator	Date	Enter name of individu	al signing as plan a	dministrator				
1			2	10/12/15	Eric Baumel						
-83	K.R	Signature of employ		Date /		er name of individual signing as employer or plan sponsor					
P	ерв	rèr's name (including firm	n name, if applicable) and address; i	nclude room or suite numbi	er (optional)	The Bear of Market of the results	one number (optional)				
L l		1	_								

	<u> </u>	_	Form 5500-SF 2014		Page <b>2</b>		,					
6a	Ż	Vе	re all of the plan's assets during the plan year invested in eligible	assets? (	See instructions.)					x v	es No	
b			you claiming a waiver of the annual examination and report of a			(IQP/	4)	*******	***************************************	<u>~</u> ,	es	
	<u> </u>							es No				
	40	יען	ou answered "No" to either line 6a or line 6b, the plan canno	t use Fori	m 5500-SF and must instead u	se F	orm 5	500.				
C			e plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section 4021	1)?	[	Y€	s 🔲 No	☐ N	ot determined	
P		***	Financial Information									
7	-1	Ш	n Assets and Liabilities		(a) Beginning of Year (b)				(b) End o	f Year		
a			al plan assets	7a	697,62	21				8	93,514	
b			al plan liabilities	7b	76 O						0	
8			plan assets (subtract line 7b from line 7a)	7c				893				
a			me, Expenses, and Transfers for this Plan Year tributions received or receivable from:		militia: (a) Amount				<b>(b) Te</b> onsessouestessore	(b) Total		
			Employers	8a(1)	80.691							
_			Participants	8a(2)	57.50	00						
			Others (including rollovers)	8a(3)		0	£ 5					
b			er income (loss)	8b	61,52		推荐数		POPES CONTROL OF THE CONTROL			
d	<u> </u>  E	ou Ser	el income (add lines 8a(1), 8a(2), 8a(3), and 8b)elits paid (including direct rollovers and insurance premiums	8c		MANUAL S	{}   0.55 1945	erffsttorf	Yan Johnston 3 D	1.9	99,714	
	į	o p	rovide benefits)	8d		0		W.		ta 16	William Part	
е			ain deemed and/or corrective distributions (see instructions)	8e		0	3436	and the	alesa ka		Atom Arrivalia	
f		11	ninistrative service providers (salaries, fees, commissions)	8f		0	Sec. 20		集为政党部	Kirk 4		
g			er expenses	8g	3,82						<b>作的形式的</b> 15	
<u>h </u>	- 1	1	al expenses (add lines 8d, 8e, 8f, and 8g)	8h		Nation (2)					3,821	
-	- 1	II .	income (loss) (subtract line 8h from line 8c)	81			76-10-11 16-110-11	v sakta eta San onal milan ndararan deta Mila			95,893	
			nsfers to (from) the plan (see instructions)	<b>8</b> J		0	084988	1.01. 1	tarani dispirativ	(jihr.)\inte	1987 and 30 his	
	7	11	e plan provides pension benefits, enter the applicable pension fe	atura cadi	no from the List of Blog Characte	i-ti-	Codo	- i- 4	ha inatavatla			
Ĭ	ľ	```	2A 2E 2G 2J	ature codi	as nom the cist of Fian Characte	ansuo	Code	SIII U	ne instructio	ns:		
Ь	1	F th	e plan provides welfare benefits, enter the applicable welfare fea	turo godo:	from the List of Plan Character	daela (	3adaa	for Alex				
Ĩ	[[	"	plan provides werrare deficities, circli the applicable werrare rea	tore code:	s from the cist of Plan Character	TSLIC (	>00e2	in the	e instruction	5;		
	夢	i N	Compliance Questions	<del></del> .								
10	Ī	D	uring the plan year:				Yes	No		Amou	nt	
	<u>a</u>	W	as there a fallure to transmit to the plan any participant contribut	ions withir	the time period described in							
_	J oʻl		9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc ere there any nonexempt transactions with any party-in-interest.			10a		x				
	_		n line 10a.)			10b		×				
	3	W	as the plan covered by a fidelity bond?	***********	***************************************	10c	х				70,000	
	į	D	d the plan have a loss, whether or not reimbursed by the plan's	idelity bor	d, that was caused by fraud							
_	<u> </u>		dishonesty?			10d		х				
	7	∥ν∖ In	ere any fees or commissions paid to any brokers, agents, or oth- surance service, or other organization that provides some or all o	er persons of the bene	s by an insurance carrier, ofits under the plan? (See							
	!	in	structions.)		***************************************	10e		х				
	<u> </u>	Н	as the plan failed to provide any benefit when due under the plan			10f		х				
_	9	D	d the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		x				
l	7	[f	this is an individual account plan, was there a blackout period? (	See instru	clions and 29 CFR				4 600 32 32	15. (Sc	Mariana Mariana	
4	_	_	520.101-3.)			10h		x	2000	\$24\\$Y\\$ 10.08.6.0	100 mm 10	
		lf e	10h was answered "Yes," check the box if you either provided th ceptions to providing the natice applied under 29 CFR 2520.101	e required -3	notice or one of the	101				. (27)-609 64697345		
P	W		Pension Funding Compliance	-5 1111111	***************************************	101			Pla Kwel (ndbd)	24.74 1.75 E	An Anthony	
1	.Т									1		
•		5	this a defined benefit plan subject to minimum funding requirem.	ents? (it "	res," see instructions and comp	lete S	chedu	ile 51	3 (Form	$  \Box$	Yes 🗓 No	
1	a		nter the unpaid minimum required contribution for current year fro								100 🔲 710	
			this a defined contribution plan subject to the minimum funding r					2 of E	ERISA?		Yes X No	
TÏ		II	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
	a	If	a waiver of the minimum funding standard for a prior year is bein	g amortize	ed in this plan year, see instructi	ons, a	and en	iter th	e date of th	e lette	r ruling	
	+	gr	anting the waiver		Мог	nth _		D		Yea		
ļ	1											
-			· ·									
il	1	II										

j				
1/1	Form 5500-SF 2014 Page 3-			
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	<del></del>	<u> </u>	
	Enter the minimum required contribution for this plan year	. 12b		<del></del> _
-		<del></del> -	,	
d		. 12c		
6	Inegative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?	·   -12-0	l v	
Pa	Plan Terminations and Transfers of Assets	18	Yes _	<u> No                                   </u>
	Has a resolution to terminate the plan been adopted in any plan year?	Тпи		
	I If I'Ves " enter the amount of any plan accept that severted to be a selected to be a sel		es 🗴	No
-in		- 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the	control		Yeş 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		
	13c(1) Name of plan(s):	3c(2) EIN	(s)	13c(3) PN(5)
- 1		,,,	· ·	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
, 4971 3	[ 4 ]			
Päi	tiVIII Trust Information (optional)			
14a	Name of trust	14b ⊤	rust's Ell	N
ĺ				