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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		dentification Information							
For calend	lar plan year 2017 or fisc				2/31/2017				
A This re	a single-employer plan A This return/report is for: 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 ret	urn/report is	the first return/report	the final return/report						
	an amended return/report a short plan year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	gram			
		special extension (enter descrip	, , , , , , , , , , , , , , , , , , ,						
Part II	Basic Plan Infor	mation—enter all requested info	rmation						
1a Name of plan GOLDEN TRIANGLE RADIOLOGY 401(K) PLAN 1b Three-digit plan number (PN) ▶ 001									
					1c Effecti	ve date of plan 01/01/2009			
		er, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Box)			yer Identification Number 72-1361025			
City or		e, country, and ZIP or foreign postal		structions)	2c Spons	or's telephone number			
					2d Busine	662-328-2476 ess code (see instructions)			
P.O. BOX 76 COLUMBUS						621111			
0020111300	,, me 00100								
3a Plan a	administrator's name and	d address X Same as Plan Spons	sor.		3b Admini	istrator's EIN			
					3c Admini	istrator's telephone number			
		plan sponsor or the plan name has sor's name, EIN, the plan name an			4b EIN				
	sor's name	oor o name, Ent, the plan name an	a the plan named from	and lade rotally roport.	4d PN				
C Plan N	Name								
5a Total	number of participants a	at the beginning of the plan year			5a	8			
b Total	number of participants a	at the end of the plan year			5b	8			
		ccount balances as of the end of th		=	5c	8			
d(1) Tot	al number of active part	ticipants at the beginning of the plan	n year		5d(1)	8			
		ticipants at the end of the plan year			5d(2)	8			
• Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested									
		r incomplete filing of this return/							
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.									
SIGN Filed with authorized/valid electronic signature. 03/01/2018 DR. MARK ELLIS				DR. MARK ELLIS					
HERE	Signature of plan ad	lministrator	Date	Enter name of individu	ual signing as	s plan administrator			
SIGN Filed with authorized/valid electronic signature. 03/01/2018 DR. MARK ELLIS									
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ual signing as	s employer or plan sponsor			

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If you answered "No" to either line 6 aor 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 premium filing for this plan year		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a 1871771 2391973 a Total plan assets 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No No No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See						_			
a Total plan assets	Pa	rt III Financial Information		Γ						
b Total plan liabilities	_7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
C Net plan assets (subtract line 7b from line 7a)	<u>a</u>	Total plan assets	. 7a	18	71771				2391973	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers (5) Participants. (8a(2) 87900 (3) Others (including rollovers). (6) Other income (loss). (8) Bb 303866 (C) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Bb 303866 (C) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Bc 8c 522036 (C) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Bc 8c 522036 (C) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Bc 8c 522036 (C) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Bc 8c 522036 (C) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Bc 8c 522036 (C) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Bc 8c 522036 (C) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Bc 8c 522036 (C) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Bc 8c 522036 (C) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Bc 8c 522036 (C) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Bc 8c 522036 (C) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Bc 8c 522036 (C) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Bc 8c 522036 (C) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Bc 8c 522036 (C) Total income (add lines 8a(1), 8a(2), 8a(3), 8a(4), 8a(4	b	Total plan liabilities	. 7b		0				0	
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Net plan assets (subtract line 7b from line 7a)	. 7c	18	71771				2391973	
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
(2) Participants	а		0-(4)	4.	20270					
(3) Other income (loss)										
b Other income (loss)	-	· · · · ·			87900	-+				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					20000					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			. 8b	30	03866					
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i 520202 j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2K 2E 2F 2G 2J 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: 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 X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X c Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 2e6500 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused the plan's (See instructions) 10d X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.01-3.) 10h X			. 8c						522036	
f Administrative service providers (salaries, fees, commissions)			. 8d							
g Other expenses.	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	. 8f		1834					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses 8g								
Transfers to (from) the plan (see instructions) 8j	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)						1834		
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2K 2E 2F 2G 2J 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 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 X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X C Was the plan covered by a fidelity bond? 10c X 26500 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d 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.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X I this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	i_	Net income (loss) (subtract line 8h from line 8c)	. 8i						520202	
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2K 2E 2F 2G 2J	j	Transfers to (from) the plan (see instructions)	- 8j							
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	Pai	t IV Plan Characteristics		•						
Part V Compliance Questions 10 During the plan year: 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)	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:	
10 During the plan year: 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)	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:	
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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount	
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • 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.) • The sthe plan failed to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) • The sthe plan failed to provide any benefit when due under the plan? • The structions and 29 CFR 2520.101-3.)	b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions								
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	C Was the plan covered by a fidelity bond?					2650	100		
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused								
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	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								
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)			X			
	h	·	•		10h		X			
shooptions to promising the notice applied shoot 20 of 1/2000 for	i	2020.101 0.)								

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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 contributions for all years from Schedule SB (Form 5500) line 40	. 11a						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′es X No			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling			
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	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								
d								
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?		Ye	s X N	0			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С	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.)) to						
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)			

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

2017

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information				
For calend	ar plan year 2017 or fi	iscal plan year beginning	01/01/2017	and ending	12/31/201	7
A This re	turn/report is for:	x a single-employer plan a one-participant plan		lan (not multiemployer) (employer information in a	-	
B This ref	turn/report is:	the first return/report	the final return/report			
		an amended return/report	H .	rn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram
		special extension (enter desc	cription)		_	
Part II	Rasic Plan Inf	ormation enter all requested	Linformation			
1a Name		Officer an requested	T IIIIOTTTI AUGUS		1b Three-digit	
	den Triangle Ra		plan numbe (PN) ▶	001		
					1c Effective da 01/01/20	•
Mailir	ng Address (include ro	loyer, if for a single-employer plan) iom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		ructions)	2b Employer Id (EIN) 72-	lentification Number -1361025
,	den Triangle Ra		,	·	2c Sponsor's to (662) 32	elephone number 28-2476
P.O.	Вож 7695				2d Business co 621111	ode (see instructions)
US Co	olumbus MS 39705					
3a Plan	administrator's name a	and address X Same as Plan Sp	oonsor		3b Administrate	or's EIN
					3c Administrat	or's telephone number
4 If the this p	name and/or EIN of the lan, enter the plan spo	he plan sponsor or the plan name h onsor's name, EIN, the plan name a	nas changed since the last r and the plan number from t	eturn/report filed for ne last return/report.	4b EIN	
a Spon C Plan	sor's name Name				4d PN	
5a Total	number of participant	s at the beginning of the plan year			5a	8
		s at the beginning of the plan year			5b	. 8
C Numb	per of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	8
d(1) Tot	d(1) Total number of active participants at the beginning of the plan year					8
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	8
		terminated employment during the			5e	
Caution:	A penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed	unless reasonable ca	use is established	·
SB or Scl		other penalties set forth in the instr and signed by an enrolled actuary, mplete				
SIGN Mark Illis						
3.43	Signature of plan ad		Date	Enter name of individu	al signing as plan a	dministrator
SIGN	Mark 7	SU	3-1-18	Dr. Mark Ellis		
. 62 12	Signature of employ	er/plan sponsor	Date	Enter name of individu	al signing as emplo	yer or plan sponsor
		Language and the second se		-		

62	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								X Yes	
ba Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							A Tes			
_							X Yes	□No		
	If you answered "No" to either line 6a or line 6b, the plan cannot		•						<u> </u>	
С	If the plan is a defined benefit plan, is it covered under the PBGC insi							s \square No	□ Not de	termined
-	If "Yes" is checked, enter the My PAA confirmation number from the I								See instruc	
	Tes is checked, effect the my i 700 committation flumber from the									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities	A.	(a) Beginning o	f Yea	г			(b) End	of Year	
a	Total plan assets	7a	1,8	71,7	71				2,391,	973
b	Total plan liabilities	7b			0					0
c	Net plan assets (subtract line 7b from line 7a)	7c	1.8	71,7	71	1			2,391,	973
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		· <u>-</u> _	1		(b) T		
ă	Contributions received or receivable from:		(u) Amoun	`-		140		(2)		
	(1) Employers	8a(1)	1	30,2	70				1	3 / A _n
	(2) Participants	8a(2)		87,9	00	3.00	41.			- 7 E
	(3) Others (including rollovers)	8a(3)					, New 1	War in	· /// /-	7.
b	Other income (loss)	8b	3	03,8	66	13.			4	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	74			-			522,	036
त	Benefits paid (including direct rollovers and insurance premiums		3.33	7,1		A.Z.L.		F	. 1	
_	to provide benefits)	8d				1/164	4 .		- #	1.17
е	Certain deemed and/or corrective distributions (see instructions)	8e				178			- 13°,	
f	Administrative service providers (salaries, fees, commissions)	8f		1,8	34	17.75%			#	,
q	Other expenses	8g				4.		11.77 7.74		4
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1.0	1,2	r :	,			1,	834
i	Net income (loss) (subtract line 8h from line 8c)	8i		T.					520,	202
÷	Transfers to (from) the plan (see instructions)	 8j		- Gar-		1		1 23.6 %	1	
Ġ	irt IV Plan Characteristics	,					·			
9a	If the plan provides pension benefits, enter the applicable pension fee 2K 2E 2F 2G 2J If the plan provides welfare benefits, enter the applicable welfare feat									
Pa	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
···a		ons withir	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol		•							
	Program)			10a		x				
k	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
C	C Was the plan covered by a fidelity bond?					20	65,000			
C	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
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.) 10e									
f	f Has the plan failed to provide any benefit when due under the plan?									
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)									
- t	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)			10h		х	1,			<u> </u>
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									

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Par	t 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)							res 🗓	No
11a	a Enter the unpaid minimum required contributions for all years from Schedule SB	Form 5500) line 40		11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable			n 302 d	of		Yes 🗓	No
a	If a waiver of the minimum funding standard for a prior year is being amortized in granting the waiver				the date			9
lfy	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550	0), and skip to line	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 the plan year			12c		_		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (ent negative amount)	•	I	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding dea	dline?			Yes 🗀] No	☐ N/A	
Par	t VII Plan Terminations and Transfers of Assets							
13a	A Has a resolution to terminate the plan been adopted in any plan year?				Yes	x	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this ye	ar		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to control of the PBGC?	•	•			Yes [X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), ide	entify the plan(s) to				
1	3c(1) Name of plan(s):		13c(2) El	N(s)		13c	(3) PN(s))

5500-SF Electronic Filing Authorization

Plan Name: Golden Triangle Radiology 401(k) Plan

EIN/PN: 72-1361025/001

Plan Year: 01/01/2017 - 12/31/2017

I hereby authorize T. E. Lott & Company to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Mark I Slb	Mark I Elle
(sign)	(sign)
7-1-18	3-1-18
(date)	(date)