## **Form 5500-SF**

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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

2018

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information							
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018				
A This ret	:urn/report is for:	X a single-employer plan		r plan (not multiemployer) ( employer information in ad					
_									
<b>B</b> This retu	urn/report is	the first return/report	the final return/repo	ort					
		an amended return/report	a short plan year re	turn/report (less than 12 m	nonths)				
C Check I	box if filing under:	X Form 5558	automatic extension	n	DFVC progra	am			
		special extension (enter descr	. ,						
Part II	Basic Plan Inf	ormation—enter all requested inf	formation		1				
1a Name WESTCHES	•	RADIOLOGY LLC PROFIT SHARIN	G PLAN		1b Three-dig plan num (PN) ▶	·			
					1c Effective	date of plan 01/01/1990			
		oyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number			
		om, apt., suite no. and street, or P.C ace, country, and ZIP or foreign post		nstructions)	(EIN)	65-1119703			
•	TER DIAGNOSTIC F			,	<b>2c</b> Sponsor's telephone number 305-984-6344				
					2d Business	code (see instructions)			
600 NE 27TH MIAMI, FL 33	H ST., APT. 2603				621111				
IVIIAIVII, I L 30	3137								
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.		<b>3b</b> Administr	rator's EIN			
		<b>–</b>			20. 41 : : :				
					3C Administr	ator's telephone number			
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN				
•	an, enter the plan sp or's name	onsors name, Env, the plan name a	and the plan number not	ii tile last retum/report.	<b>4d</b> PN				
C Plan N									
		s at the beginning of the plan year			. 5a	3			
		s at the end of the plan year			. 5b	2			
		account balances as of the end of			. 5c	2			
<b>d(1)</b> Tota	al number of active p	articipants at the beginning of the plant	an year		5d(1)	0			
		articipants at the end of the plan yea			. 5d(2)	0			
		o terminated employment during the			5e	0			
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assess	ed unless reasonable ca					
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, a nplete.							
SIGN		d/valid electronic signature.	09/27/2019	MANUEL PEREZ, M.	D.				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as p	lan administrator			
SIGN									
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individual signing as employer or plan sp					

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b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
С	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the					_	. —	Not determined . (See instructions.)			
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year			
а	Total plan assets							4376			
b	Total plan liabilities	7b		0				0			
C	Net plan assets (subtract line 7b from line 7a)	7c	223	36854			4376				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) 1	otal			
a	Contributions received or receivable from: (1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
<u>b</u>	Other income (loss)	8b	-12	25583							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-125583			
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	208	89680							
е	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e		0	_						
f	Administrative service providers (salaries, fees, commissions)	8f	,	17037							
<u>g</u>	Other expenses	8g		178							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2106895				
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					-2232478				
J	Transfers to (from) the plan (see instructions)	8j		0							
Pa	rt 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 Plant	an Cha	racteri	stic Co	odes in the ins	ructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acteris	tic Cod	les in the instr	uctions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amount			
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X					
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 the plan? (See instructions.)			10e	X			17037			
f	Has the plan failed to provide any benefit when due under the plan	ın?		10f		X					
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							

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below)			В		es 🗌 No
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 Cod ERISA?	e or section	n 302 of		Y	es X No
	(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 being amortized in this plan year, see instrugranting the waiver		d enter t Day		of the letter Year	ruling
lf :	ou 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			
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			
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?			X Yes	No.	)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			(
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s)	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 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.

1210-0089

2018

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I Annual Report Identification Information						
For calendar plan year 2018 or fiscal plan year beginning 01/01/	2018 and ending 12/31/2018					
A This return/report is for:    X   a single-employer plan						
	gn plan					
the first return/report the final	al return/report					
an amended return/report a short plan year return/report (less than 12 months)						
	atic extension DFVC program					
special extension (enter description)						
Part II Basic Plan Information—enter all requested information						
1a Name of plan WESTCHESTER DIAGNOSTIC RADIOLOGY LLC PROFIT	SHARING PLAN  1b Three-digit plan number (PN)  001					
	1c Effective date of plan 01/01/1990					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)	<b>2b</b> Employer Identification Number (EIN) 65-1119703					
City or town, state or province, country, and ZIP or foreign postal code (if for WESTCHESTER DIAGNOSTIC RADIOLOGY LLC	oreign, see instructions)  2c Sponsor's telephone number					
600 NE 27TH ST., APT. 2603	305-984-6344 <b>2d</b> Business code (see instructions)					
MIAMI FL 33137						
	621111					
3a Plan administrator's name and address 🛛 Same as Plan Sponsor.	3b Administrator's EIN					
	3c. Administratoria talanhana musuka					
	3c Administrator's telephone number					
4 If the name and/or EIN of the plan sponsor or the plan name has changed	since the last return/report filed for 4b EIN					
this plan, enter the plan sponsor's name, EIN, the plan name and the plan a Sponsor's name	number from the last return/report.  4d PN					
C Plan Name	+u PN					
5a Total number of participants at the beginning of the plan year	5a					
<b>b</b> Total number of participants at the end of the plan year						
C Number of participants with account balances as of the end of the plan year complete this item)	r (only defined contribution plans					
d(1) Total number of active participants at the beginning of the plan year						
d(2) Total number of active participants at the end of the plan year						
Number of participants who terminated employment during the plan year withan 100% vested	/ith accrued benefits that were less 5e					
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 decl SB or Schedule MB completed and signed by an enrolled actuary, as well as the belief, it is true, correct, and complete.	are that I have examined this return/report, including, if applicable, a Schedule electronic version of this return/report, and to the best of my knowledge and					
SIGN HERE	127-19 MANUEL PEREZ, M.D.					
Signature of plan-eniministrator, Date	122 14					
SIGN HERE	nfl-(SMANUEL PEREZ, M.D.					
Signature of employer/plan sponsor Dan For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.	Enter name of individual signing as employer or plan sponsor  Form 5500-SF (2018)					

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'	Were all of the plan's assets during the plan year invested in elight Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibility of a property of the plan of the pl	of an indepen tv and conditi	dent qualified publi ons.)	ic acco	untant (	(IQPA)		X Yes ☐ No		
•	If you answered "No" to either line 6a or line 6b, the plan ca  If the plan is a defined benefit plan, is it covered under the PBGC  If "Yes" is checked, enter the My PAA confirmation number from	nnot use For insurance pr	m 5500-SF and mogram (see ERISA	ust ins	<b>tead u</b> n 4021)	se Form 5 ? □ ¹	5500. Yes 🗌 No	Not determined . (See instructions.)		
P	art III Financial Information			_						
7	Plan Assets and Liabilities	121517	ZeV Designation	***						
a		70	(a) Beginnin	g of Ye 2,236			(b) End			
b	Total plan liabilities			2,230	, 654			4,376		
c	Net plan assets (subtract line 7b from line 7a)			2,236	054			0		
8	Income, Expenses, and Transfers for this Plan Year	76			,054		32.0	4,376		
a		5286506	(a) Amo	unt		SPANISCE DE	(b) T	otal		
	(1) Employers	8a(1)			0					
_	(2) Participants				0			1019.5129		
	(3) Others (including rollovers)				0					
b	Other income (loss)	8b		-125	. 583					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				7000			125 502		
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	,089,	, 680			-125,583		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0					
f	Administrative service providers (salaries, fees, commissions)	. 8f		17,	037	1227				
g	0007 = 1			178						
h	h Total expenses (add lines 8d, 8e, 8f, and 8g)		28.00			2,106,895				
į	Net income (loss) (subtract line 8h from line 8c)							-2,232,478		
j	Transfers to (from) the plan (see instructions)				0	TIC-1100	CKIN HOLD	-2,232,478		
Pa	rt IV Plan Characteristics	] 0] ]					100 - S-100 C			
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D	feature code	s from the List of P	lan Cha	racteri	stic Codes	s in the instru	rctions:		
b	le u							0.0710.		
	If the plan provides welfare benefits, enter the applicable welfare f		from the List of Pla	n Char	acterist	ic Codes i	in the instruc			
Par			from the List of Pla	n Char	acterist	ic Codes i	in the instruc			
_			from the List of Pla	n Char				tions:		
10 a	t V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	eature codes tions within tr	e time period ciary Correction		Yes	No X				
10 a	t V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  Were there any nonexempt transactions with any party-in-interest	tions within tr	e time period ciary Correction			No		tions:		
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	tions within the column to the	e time period ciary Correction ude transactions	10a		No X		tions:		
10 a b	During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's	tions within the desired fidelity bond	that was sourced	10a 10b 10c		No X		tions:		
10 a b	During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	tions within the column triangle of the colum	that was caused	10a 10b 10c		No X X X		nount		
b c	During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	tions within the column triangle of the colum	that was caused	10a 10b 10c 10d	Yes	No X X X X		tions:		
10 a b c d e	During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	tions within the color of the color of year-end.	that was caused	10a 10b 10c	Yes	No X X X		nount		
b c d e f g h	During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	tions within the following of the following	that was caused  an insurance benefits under	10a 10b 10c 10d	Yes	No X X X X X X X		nount		

_		Form 5500-SF (2018) Page <b>3-</b>					
Part	VI	Pension Funding Compliance					
11	ls th	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So rm 5500) and line 11a below)	hedule	SB		Yes	☐ No
_11a		er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					
12	Is t ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect SA?		of	] [	Yes	X No
	(11	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a ting the waiver	nd enter Da		of the I Ye		ling
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	. 12b				
c	Ente	the amount contributed by the employer to the plan for this plan year	12c				
d	Sub nega	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	12d				
е		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?		X Yes	П	No	
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year	. 13a	Ī			0
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th	9	[2	Yes	N	0
C	If, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan( th assets or liabilities were transferred.	s) to				

13c(2) EIN(s)

**13c(3)** PN(s)

13c(1) Name of plan(s):