Form 5500-SF

Department of the Treasury Internal Revenue Service

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		: Identification Information	1								
For calend	lar plan year 2018 or f	iscal plan year beginning 01/01/2	2019	and ending 0	2/28/2019						
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) (mployer information in ad	-						
		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	X a short plan year retu	ırn/report (less than 12 m	ionths)						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	ım					
	T =	special extension (enter desc	' '								
Part II	Basic Plan Info	ormation—enter all requested in	formation		1						
1a Name WESTCHES	•	RADIOLOGY, LLC PROFIT SHARII	NG PLAN		1b Three-dig plan numl (PN) ▶						
			1c Effective	date of plan 01/01/1990							
		oyer, if for a single-employer plan)	D. B)			Identification Number					
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	(EIN)	65-1119703					
-	STER DIAGNOSTIC R		(,		s telephone number 05-854-5494					
					2d Business	code (see instructions)					
1643 BRICK MIAMI, FL 3	CELL AVENUE, APT 1	001			621111						
IVIIAIVII, I L 3	3129-1237										
3a Plan a	administrator's name a	ınd address 🛛 Same as Plan Spo	nsor.		3b Administra	ator's EIN					
					3c Administra	ator's tolophone number					
					SC Administra	ator's telephone number					
		ne plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN						
	sor's name	whose o name, and, the plan name of	and the plan namber nem	and last rotarn, roport.	4d PN						
C Plan N	Name										
52 Total	number of portion onto	a at the hearinging of the plan year			5a	2					
		s at the beginning of the plan year.			5b	0					
		s at the end of the plan year									
				•	5c	0					
		articipants at the beginning of the p	-		5d(1)	2					
		articipants at the end of the plan ye			5d(2)	0					
than	100% vested	o terminated employment during the			5e 0						
		or incomplete filing of this retur									
SB or Sch		ther penalties set forth in the instru and signed by an enrolled actuary, a polete									
SIGN		d/valid electronic signature.	09/27/2019	MANUEL PEREZ, M.I	D.						
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as pla	an administrator					
SIGN											
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ndividual signing as employer or plan sp						

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C If the plan is a defined benefit plan, is it covered under the PRGC insurance program (see ERISA section 4021)?	b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							. 🛚	Yes No
7 Plan Assets and Liabilities	С						_			
a Total plan assets	Pa	rt III Financial Information								
a Total plan assets	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a							0
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	b	Total plan liabilities	7b		0			0		
a Contributions received or receivable from: (i) Employers (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Net plan assets (subtract line 7b from line 7a)	7c		4376					0
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
(3) Other s(including rollovers)	a		8a(1)		0					
b Other income (loss) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C C Varian deemed and/or corrective distributions (see instructions) C C Varian deemed and/or corrective distributions (see instructions) C C Vaste there any nonexempt transactions with any party-in-interest? (Do not include transactions propried on line 10a) C Vast the plan nove and sidelity bond? C Vaste plan covered by a fidelity bond? C Vaste plan covered by a fidelity bond? C Vaste plan nove any participant loans? (if "Yes," enter amount as of year-end.) C Journel of the plan and vast there a blackout period? (See instructions and 29 CFR C John was answered "Yes," check the box if you either provided the required notice or one of the C If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR C If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR C If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR C If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR C If the plan plan was an account plan, was there a blackout period? (See instructions and 29 CFR C If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR C If the plan have any participant loans? (If "Yes," enter amount as of year-end.) C If the plan have any participant loans? (If "Yes," enter amount as of year-end.) C If the plan have any participant loans? (If "Yes," enter amount as of year-end.) C If the plan after the plan after the plan? (See instructions). C If the plan have any participant loans? (If "Yes," enter amount as of year-end.) C If the plan the plan the plan the plan the plan the plan (Tes, "Check the box if you either provided the requi		(2) Participants	8a(2)		0					
C Total income (add lines Ba(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		0					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		651					
to provide benefits)			8c						(551
f Administrative service providers (salaries, fees, commissions)	d		8d		5191					
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f									
i Net income (loss) (subtract line 8h from line 8c)					14					
Transfers to (from) the plan (see instructions)	<u> </u>		, , , , , , , , , , , , , , , , , , , ,							
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: 2A 2E 2F 2G 2J 3D 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? 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). 10a X 10b X 10c X d Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10c X 10d X	-								-43	376
9a		, , , , ,	8j		0					
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: 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 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Per 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 t	des from the List of Di	Ol			oden to den to	-1	
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) B Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? 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.) 10e Thas the 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.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Эа		reature co	ides from the List of Pi	an Cha	racteri	Suc 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 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? 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.) 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.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	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	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? 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.). 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.)	b				10b		X			
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c		X			
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	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			
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			10e		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u> </u>				10g		X			
· · · · · · · · · · · · · · · · · · ·	h	2520.101-3.)	· ·····		10h		X			
	i	·			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 cor (Form 5500) and line 11a below)			В	. Y	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 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 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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?				X Yes	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 Lebor 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.

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2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I A	Innual Report	Identification Informat	ion	Stuctions to the com	3300-Sr.				
For calendar p	lan year 2018 or fi	iscal plan year beginning	01/01/2019	and ending	02/28/	/2019			
A This return,	/report is for:	X a single-employer plan	a multiple-employe	r plan (not multiemployer) employer information in a	(Filers checking	this box must attach a			
	-	a one-participant plan	a foreign plan	employer information in a	accordance with t	tne form instructions.)			
B This return/i	report is	the first return/report	X the final return/repo	rt					
0		an amended return/report	X a short plan year re	turn/report (less than 12 i	12 months)				
C Check box	if filing under:	X Form 5558	automatic extensio	n ¥	DFVC progr	am			
Part II B	ania Diam Info	special extension (enter de			Minimum and a second				
12 Name of all	asic Pian into	rmation—enter all requeste	d information						
1a Name of p		chester Diagnostic	Radiology, LLC	Profit Sharing	1b Three-dig plan num (PN) ▶				
**************************************					1c Effective 01/01				
Mailing add	dress (include roon	yer, if for a single-employer pla m, apt., suite no. and street, or	P O Box)	A Silver of the State of the St	2b Employer	Identification Number			
City or town	n, state or province	e, country, and ZIP or foreign postic Radiology, L	ostal code (if foreign, see in	structions)	2c Sponsor's	-1119703 s telephone number			
		nue, Apt 1001				54-5494 code (see instructions)			
Miami			9-1257		621111				
3a Plan admin	istrator's name and	d address 🏻 Same as Plan S	ponsor.		3b Administra	ator's EIN			
	,				3c Administra	ator's telephone number			
mis pian, e	nter the plan spon	plan sponsor or the plan name sor's name, EIN, the plan nam	has changed since the last e and the plan number from	return/report filed for the last return/report.	4b EIN				
a Sponsor's n		\$			4d PN				
5a Total numb	er of participants a	at the beginning of the plan yea							
						2			
C Number of	participants with a	at the end of the plan year ccount balances as of the end	of the plan year (only define	d contribution plane	5b 5c	0			
d(1) Total nun	nber of active parti	icipants at the beginning of the	plan year		5d(1)	2			
d(2) Total nun	nber of active parti	icipants at the end of the plan	/ear		5d(2)	0			
Number of than 100%	participants who to vested	erminated employment during	the plan year with accrued b	enefits that were less	5e	0			
Caution: A pena	any for the late of	r incomplete filing of this retu	irn/report will be assessed	funiass ressentable car	ise is establishe	a ad			
SB or Schedule	or beliary sup onle	er penalities set forth in the insti I signed by an enrolled actuary	nictions I declare that I have	a avaminad this returnbas					
SIGN HERE		WH.	Sept 27-1	Manuel Perez,	M.D.				
SIGN SIG	nature of plan adi	ministrator	Date Catalan	Enter name of Individu		n administrator			
HERE	veture of employe	er/plan sponsor		Manuel Perez,					
For Paperwork Re	duction Act Motice,	see the Instructions for Form 55	Date 00-SF.	լ ⊏nter name of individu	Jai signing as em	ployer or plan sponsor Form 5500-SF (2018)			

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6a t	Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	f an indepe v and cond	endent qualified publi litions)	ic acco	untant	(IQPA)		_		
_	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 t	insurance	program (see ERISA	section	4021)? П	Yes No	No (See		mined
Pa	art III Financial Information									
7	Plan Assets and Liabilities	11 4	(a) Beginnin	n of Ye	ar		/h) Ene	af Van		
a	Total plan assets	. 7a	(4) = 49		,376		(D) End	of Yea		
b				_	0					
				4	,376					
8	Income, Expenses, and Transfers for this Plan Year	53.40	(a) Amou		, , , ,		21.5			
a		8a(1)	(a) Alliot	arit	0		(b)	otal		
	(2) Participants				0	E189.77	19 1.00		100	
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b			651					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	STEPPED FEBRU	W 18	100				(FEA)	65
d —	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		5,	191					63
e	Certain deemed and/or corrective distributions (see instructions)	8e			0	ace of				
f_	Administrative service providers (salaries, fees, commissions)	8f			-178				100	
g	Other expenses	8g			14					ALCES:
<u>_h</u>	otal expenses (add lines 8d, 8e, 8f, and 8g)				athi				F	5,02
	Net income (loss) (subtract line 8h from line 8c)	8i	MARKET TO THE PARTY							1,37
j	Transfers to (from) the plan (see instructions)	8j		CLOSET !	0	M. J. L. Held		KICH	-4	:,37
Par	t IV Plan Characteristics	9 1							B)	
9a	If the plan provides pension benefits, enter the applicable pension f 2A 2E 2F 2G 2J 3D	feature cod	les from the List of P	lan Cha	racteri	stic Code	s in the instr	uctions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Pla	n Char	acteris	tic Codes	in the instru	ctions:		-
Part	V Compliance Questions									
10	During the plan year:				Yes	No				
а	Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volengram)	luntary Fig	luciary Correction	10a	103	х	A	nount		
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not in	clude transactions	10b		Х				
c	Was the plan covered by a fidelity bond?			10c		Х				
	Did the plan have a loss, whether or not reimbursed by the plan's fit by fraud or dishonesty?			10d		х				
	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	r persons	by an insurance	10e		х				
f	Has the plan failed to provide any benefit when due under the plan?	?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-end	d.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	ee instruct	ions and 29 CFR	10h	1	Х			N.S.	y.
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required n	otice or one of the	10i						

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Part	: VI	Pension Funding Compliance						
11	ls ti (Fo	nis a defined benefit plan subject to minimum funding requirements? (If "Yes, rm 5500) and line 11a below)	see instruction	ns and complete Sch	edule \$	SB	Y	es N
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB	(Form 5500) lir	ne 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						Y	es X N
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							the letter	ruling
If	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 55	i00), and skip	to line 13.			, 001	
b	Ente	r the minimum required contribution for this plan year			12b			
		the amount contributed by the employer to the plan for this plan year			12c			
d ——	Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (ente	er a minus sian	to the left of a	12d			
e		the minimum funding amount reported on line 12d be met by the funding dea				Yes	No	N/A
Part		Plan Terminations and Transfers of Assets						
_13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes	□ No)
		es," enter the amount of any plan assets that reverted to the employer this ye			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to rol of the PBGC?	another plan	or brought under the			Yes X	No
C	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to h assets or liabilities were transferred.	another plan(s)	, identify the plan(s)	to			

13c(2) EIN(s)

13c(3) PN(s)

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