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	Annual Report	Identification Information	ı				
For calend	ar plan year 2018 or f	scal plan year beginning 01/01/2	2018		and ending 12	2/31/2018	
A This ret	turn/report is for:	a single-employer plan			an (not multiemployer) (ployer information in ac	-	
R This rote	urn/raport ia	a one-participant plan	a foreig	n plan			
D This red	urn/report is	the first return/report		return/report			
		an amended return/report	a short p	olan year returr	n/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automa	tic extension		DFVC program	
		special extension (enter descr	· · ·				
Part II	Basic Plan Info	ormation —enter all requested inf	formation			1	1
1a Name	•					1b Three-digit	
SOUTHBAY	RADIOLOGY INC CA	ASH BALANCE PLAN				plan number	
						(PN) •	003
						1c Effective dat	e of pian 1/01/2015
2a Plan s	ponsor's name (emplo	byer, if for a single-employer plan)					entification Number
Mailing	g address (include roc	m, apt., suite no. and street, or P.C		roign ago ingtr	uotiono)		9-3620952
-	RADIOLOGY, INC.	ce, country, and ZIP or foreign post	ai code (ii ioi	eign, see mstr	uctions)	2c Sponsor's te	elephone number 620-0952
						2d Business coo	de (see instructions)
9007 SHAW ORLANDO,	N PARK PLACE					6.	21111
OKLANDO, I	FL 32019						
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.			3b Administrato	r's EIN
						3c Administrato	r's telephone number
this pl	lan, enter the plan spo or's name	e plan sponsor or the plan name ha onsor's name, EIN, the plan name a				4b EIN 4d PN	
5a Total	number of participants	at the beginning of the plan year				5a	2
_		s at the end of the plan year				5b	2
C Numb	er of participants with	account balances as of the end of	the plan year	r (only defined	contribution plans	5c	
	,	rticipants at the beginning of the pl				5d(1)	2
		articipants at the end of the plan yea				5d(2)	2
		terminated employment during the				5e	0
		or incomplete filing of this return				use is established	•
Under pena SB or Sche	alties of perjury and o	ther penalties set forth in the instruction nd signed by an enrolled actuary, a	ctions, I decla	are that I have	examined this return/re	port, including, if ap	plicable, a Schedule
SIGN		l/valid electronic signature.	10/0	1/2019	VICTORIA MCVAY		
HERE	Signature of plan	administrator	Date	э	Enter name of individ	ual signing as plan	administrator
SIGN	Filed with authorized	I/valid electronic signature.	10/0	1/2019	VICTORIA MCVAY		

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF (2018) Page **2**

	Were all of the plan's assets during the plan year invested in eligib		` '					×	Yes No
b	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							×	Yes ☐ No
	If you answered "No" to either line 6a or line 6b, the plan cann		,					[] 100 🖺 110
С	If the plan is a defined benefit plan, is it covered under the PBGC in							No \square N	ot determined
	If "Yes" is checked, enter the My PAA confirmation number from the								instructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) I	End of Ye	ar
а	Total plan assets	7a		07095			•	49	7189
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	40	07095				49	7189
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			((b) Total	
а	Contributions received or receivable from:	0-(4)	44	27000					
	(1) Employers	8a(1)	12	27000	-				
	(2) Participants	8a(2)			-				
	(3) Others (including rollovers)	8a(3)		10000	-				
	Other income (loss)	8b	-	12099				4.4	4004
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						11	4901
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	:	21659					
е	Certain deemed and/or corrective distributions (see instructions) \dots	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g		3148					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	4807
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						9	0094
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1C	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in the	instruction	ns:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the i	nstruction	S:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amou	nt
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period					Amou	110
	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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	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					
								<u> </u>	

Form 5500-SF (2018)	Page 3 -	1

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		B 	X Yes	s No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Ye	s 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 instructions, and granting the waiver			of the letter r _ Year	uling
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			
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 of a 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?		Yes	X 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 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 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) F	PN(s)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Fo	calendar plan year 2018 or fiscal plan year beginning 01/01/2018		and ending	g 12/3	31/2018	
	Round off amounts to nearest dollar.	able squee	ia aatabliahaa	4		
Αι	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason Name of plan SOUTHBAY RADIOLOGY INC CASH BALANCE PLAN	E		git) •	003
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SOUTHBAY RADIOLOGY, INC.	D	Employer	Identifica	ation Number (E	IN)
E -	Type of plan: Single	an size: X	100 or fewer	<u> </u>	500 More th	an 500
	art I Basic Information				Ш	
1	Enter the valuation date: Month 12 Day 31 Year 20)18				
2	Assets:					
	a Market value			. 2a		370189
	b Actuarial value			2b		370189
3	Funding target/participant count breakdown	()	mber of ipants	. ,	sted Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment		0		0	0
	b For terminated vested participants		0		0	0
	C For active participants		2		380558	380558
	d Total		2		380558	380558
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)					
	a Funding target disregarding prescribed at-risk assumptions			4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plan at-risk status for fewer than five consecutive years and disregarding loading factor.			4b		
5	Effective interest rate			5		3.92 %
6	Target normal cost			6		121563
	tement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accombination, offer my best estimate of anticipated experience under the plan.					
	HERE				09/16/201	9
	Signature of actuary				Date	
A	NDREW BEHNKE, MSPA, MAAA				17-07643	
	Type or print name of actuary			Most i	ecent enrollmer	
N	IIDWEST PENSION ACTUARIES, INC.				248-539-50	
	Firm name 0680 TWELVE MILE ROAD ARMINGTON HILLS, MI 48334		le	lepnone	number (includi	ng area code)
	Address of the firm					
	actuary has not fully reflected any regulation or ruling promulgated under the statute in uctions	completing	this schedule	e, check	the box and see	

Schedule SB (Form 5500) 2018	Page 2 - [

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding E	Bala	ances						
								(a) C	arryover balan	се	(b) F	refundir	ng balance
		•	0 , ,		able adjustments (line 13 f					0			0
				•	nding requirement (line 35		•			0			0
										0			0
10	Interest of	n line 9 ເ	using prior year's a	actual retu	rn of13.29_%					0			0
					to prefunding balance:								
	a Preser	nt value o	f excess contribut	ions (line 3	88a from prior year)								12135
	b(1) Inte	erest on t	he excess, if any,	of line 38a	a over line 38b from prior y interest rate of 4.1	ear							0
	` '		·	•	edule SB, using prior year's								0
					ar to add to prefunding balar								12135
	d Portion	of (c) to	be added to prefu	unding bala	ance								0
12	Other red	luctions i	n halances due to	elections	or deemed elections					0			0
					line 10 + line 11d – line 12					0			0
						.)				0			0
	art III		ding Percenta	•								14	97.27%
)							15	98.38%
					of determining whether car					to reduce	e current	16	107.49%
					less than 70 percent of the							17	%
	art IV		tributions and	•	•								
18					ar by employer(s) and emp	ploye			T				
(M	(a) Date 1M-DD-Y		(b) Amount page employer(-	(c) Amount paid by employees		(a) Da (MM-DD-Y		(b) Amoun employ		(0	Amour emplo	nt paid by byees
30	8/30/2019)		127000	()							
						1	Γotals ►	18(b)		12700	18(c)		0
19	Discount	ed emplo	ver contributions	- see instr	uctions for small plan with	a va	aluation date		beginning of th		. , ,	I	
		•	•		num required contributions				0 0	. 19a			0
	_				usted to valuation date					. 19b			0
				•	red contribution for current y					. 19c			123803
			tions and liquidity			,	,			,			12000
	-				e prior year?								Yes X No
	b If line	20a is "Y	es," were required	quarterly	installments for the curren	t yea	ar made in a	timely ma	anner?				Yes No
	C If line	20a is "Ye	es," see instructio	ns and con	nplete the following table a	as ap	oplicable:						
					Liquidity shortfall as of e			this plan y	year				
		(1) 1st	t		(2) 2nd			(3)	3rd			(4) 4th	

P	art V	Assumnti	one Head to	. Determine	Funding '	Target and Tar	aet Norm	nal Cost		
21	Discount		ons osea u	Determine	i unung	raiget and Tai	get Norn	iai COSt		
21		ent rates:	1st se	gment:	2n	d segment:	<u> </u>	3rd segment:		
	a oogin	on rates.		3.92%		5.52%		6.29 %		N/A, full yield curve used
	b Applica	able month (er	nter code)						21b	0
22	Weighted	d average retire	ement age						22	65
23	Mortality	table(s) (see	instructions)	Prior regulation	n: X	Prescribed - com	bined	Prescribed	d - separa	te Substitute
				Current regulat	tion:	Prescribed - com	bined	Prescribed	d - separa	te Substitute
Pa	art VI	Miscellane	ous Items				L	<u> </u>		
24	Has a ch	ange been ma	ide in the non-p	rescribed actua	rial assumption	ons for the current	plan year? I	f "Yes," see i	nstruction	s regarding required
	attachme	nt								Yes X No
25	Has a me	ethod change I	been made for t	the current plan	year? If "Yes	s," see instructions	regarding re	quired attach	nment	Yes X No
26	Is the pla	n required to p	orovide a Sched	dule of Active Pa	articipants? If	f "Yes," see instruc	tions regardi	ng required a	attachmen	tYes 🛚 No
27		•		ling rules, enter		de and see instruc	tions regard	ing	27	
P	art VII	Reconcilia	ation of Unp	oaid Minimu	m Require	ed Contributio	ns For Pr	ior Years		
28	Unpaid m	ninimum requir	ed contribution	s for all prior ye	ars				28	0
29					•	m required contrib		•	29	0
30	Remainir	ng amount of u	inpaid minimum	required contri	butions (line 2	28 minus line 29)			30	0
Pa	art VIII	Minimum	Required C	ontribution	For Curre	nt Year				
31	Target n			(see instruction						
	a Target	normal cost (li	ne 6)						31a	121563
	b Excess	assets, if app	licable, but not	greater than line	e 31a				31b	0
32	Amortiza	tion installmen	its:				Outs	standing Bala	nce	Installment
	a Net she	ortfall amortiza	ation installment	İ					10369	1693
	b Waive	amortization	installment						0	0
33	If a waive (Month _					ne ruling letter gran waived amount			33	
34	Total fun	ding requireme	ent before reflec	cting carryover/p	orefunding ba	lances (lines 31a -	31b + 32a +	· 32b - 33)	34	123256
					Carryo	over balance	Pre	funding balar	nce	Total balance
35			se to offset fund	-		0			0	0
36	Additiona	l cash require	ment (line 34 m	inus line 35)					36	123256
37				•		urrent year adjusted		,	37	123803
38	Present v	alue of excess	s contributions	for current year	(see instructi	ons)				
	a Total (e	excess, if any,	of line 37 over	line 36)					38a	547
	b Portion	included in lir	ne 38a attributa	ble to use of pre	efunding and t	funding standard ca	arryover bala	ances	38b	
39	Unpaid m	ninimum requir	red contribution	for current year	(excess, if a	ny, of line 36 over l	ine 37)		39	0
40		ninimum requir	ed contribution	s for all years					40	0
Pa	rt IX	Pension	Funding Re	lief Under P	ension Re	elief Act of 201	0 (See In:	structions	s)	
41	If an elec	tion was made	to use PRA 20	10 funding relie	f for this plan	<u> </u>				
	a Schedu	ıle elected								2 plus 7 years 15 years
	b Eligible	plan year(s) f	or which the ele	ection in line 41a	a was made				20	08 2009 2010 2011

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the

2018

OMB No. 1210-0110

This Form is Open to Public

Employee Benefits Security Administration	T COLIT CATALON CATALON	Internal R	evenue Code (the	e Code).			Ins	pection
Pension Benefit Guaranty Corporation	File as	s an attac	hment to Form	5500 or	5500-SF.			
For calendar plan year 2018 or fiscal plan			1/2018		and ending	3	12/31/20	18
Pound off amounts to nearest dol	lar.							
Caution: A penalty of \$1,000 will be	assessed for late filing of	of this repo	ort unless reason	able cau	se is established			
A Name of plan					B Three-dig	jit		003
South Bay Radiology, I	nc. Cash Balan	ce Pla	.n		plan num	ber (PN	<u> </u>	003
C Plan sponsor's name as shown on lir	22 of Form 5500 or 55	500-SF			D Employer	Identifica	ation Number (E	IN)
Plan sponsor's name as shown on in	le 2a of 1 offit book of be					0050		
South Bay Radiology, I	inc.				59-362	0952		
E Type of plan: X Single Multiple	-A Multiple-B		F Prior year pla	an size: [2	100 or fewer	101-	500 More th	an 500
Part I Basic Information								
1 Enter the valuation date:	Month 12	Day 3	31 Year	2018			and the second s	
2 Assets:								0.70 100
a Market value						. 2a		370,189
b Actuarial value						. 2b		370,189
3 Funding target/participant count b				(1)	Number of		sted Funding Target	(3) Total Funding Target
				<u> </u>	irticipants 0		naiget 0	0
a For retired participants and ben				1	0		0	0
b For terminated vested participa	nts				2		380,558	380,558
c For active participants								380,558
d Total				1	2		380,558	300,330
4 If the plan is in at-risk status, chec	k the box and complete	lines (a) a	and (b)					
a Funding target disregarding pre	scribed at-risk assumption	ons				4a		
b Funding target reflecting at-risk at-risk status for fewer than five	assumptions but disrega	arding trai	nsition rule for pla	ans that h	nave been in	4b		3.92%
5 Effective interest rate						5		
6 Target normal cost						6		121,563
Statement by Enrolled Actuary To the best of my knowledge, the information st accordance with applicable law and regulations combination, offer my best estimate of anticipat SIGN HERE		ompanying so mption is reas	chedules, statements as sonable (taking into acc	nd attachme count the ex	ents, if any, is complet operience of the plan a	e and accu	arate. Each prescribed able expectations) an 09/16/20	
22003-00-00-00-00-00-00-00-00-00-00-00-00-	Signature of actuary		(Date	
Andrew Behnke, MSPA, MAA	•						170764	3
	e or print name of actuary	y				Most	recent enrollme	
Midwest Pension Actuarie	•	,					248-539-5	5000
1114,1000 101101011 11111111111111111111	Firm name				T	elephon	e number (includ	ling area code)
30680 Twelve Mile Road								
Farmington Hills MI	48334							
Larming com militar	Address of the firm							

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

Page	2	
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Part II Begini	ilig of real earry even	r and Prefunding Bal		(a) Car	ryover balance		(b) Pre	fundin	g balance
7 Balance at beginni	ng of prior year after applicabl	le adjustments (line 13 from	prior			0			C
R Portion elected for	use to offset prior year's fund	ling requirement (line 35 fro	n prior			0			(
9 Amount remaining	(line 7 minus line 8)					0			(
	sing prior year's actual return					0			
	contributions to be added to					-			12,135
a Present value of	excess contributions (line 38	a from prior year)							12,100
` ´Schedule SB	ne excess, if any, of line 38a c , using prior year's effective in	nterest rate of4.16%							(
return	ne 38b from prior year Sched								10.10
c Total available at	beginning of current plan year	to add to prefunding balance							12,13
d Portion of (c) to	be added to prefunding balan	nce							
2 Other reductions in	n balances due to elections or	r deemed elections				0			
	ing of current year (line 9 + lir					0			
A CONTRACTOR OF THE PROPERTY O	ding Percentages								
	ainment percentage							14	97.27%
E Adjusted funding t	arget attainment percentage							15	98.38%
6 Prior year's funding	g percentage for purposes of	determining whether carryo	ver/prefundin 	g balances	may be used t	o reduce o	current	16	107.49%
7 If the current value	e of the assets of the plan is le	ess than 70 percent of the fo	unding target,	enter such	percentage			17	%
The state of the s									
Part IV Con	tributions and Liquidi	Ly Shortians							
	tributions and Liquidite to the plan year		yees:				1 ()		
8 Contributions mad	le to the plan for the plan yea (b) Amount paid by	r by employer(s) and emplo	(a) Da		(b) Amount		(c)		nt paid by oyees
8 Contributions mad (a) Date (MM-DD-YYYY)	le to the plan for the plan year (b) Amount paid by employer(s)	r by employer(s) and emplo	yees: (a) Da (MM-DD-Y		(b) Amount employe		(c)		
8 Contributions mad	le to the plan for the plan yea (b) Amount paid by	r by employer(s) and emplo (c) Amount paid by employees	(a) Da				(c)		
8 Contributions mad (a) Date (MM-DD-YYYY)	le to the plan for the plan year (b) Amount paid by employer(s)	r by employer(s) and emplo (c) Amount paid by employees	(a) Da				(c)		
8 Contributions mad (a) Date (MM-DD-YYYY)	le to the plan for the plan year (b) Amount paid by employer(s)	r by employer(s) and emplo (c) Amount paid by employees	(a) Da				(c)		
6 Contributions mad (a) Date (MM-DD-YYYY)	le to the plan for the plan year (b) Amount paid by employer(s)	r by employer(s) and emplo (c) Amount paid by employees	(a) Da				(c)		
8 Contributions mad (a) Date (MM-DD-YYYY)	le to the plan for the plan year (b) Amount paid by employer(s)	r by employer(s) and emplo (c) Amount paid by employees	(a) Da				(c)		
8 Contributions mad (a) Date (MM-DD-YYYY)	le to the plan for the plan year (b) Amount paid by employer(s)	r by employer(s) and emplo (c) Amount paid by employees	(a) Da				(c)		
8 Contributions mad (a) Date (MM-DD-YYYY)	le to the plan for the plan year (b) Amount paid by employer(s)	r by employer(s) and emplo (c) Amount paid by employees	(a) Da				(c)		
8 Contributions mad (a) Date (MM-DD-YYYY)	le to the plan for the plan year (b) Amount paid by employer(s)	r by employer(s) and emplo (c) Amount paid by employees	(a) Da				(c)		
8 Contributions mad (a) Date (MM-DD-YYYY)	le to the plan for the plan year (b) Amount paid by employer(s)	r by employer(s) and emplo (c) Amount paid by employees	(a) Da				(c)		
8 Contributions mad (a) Date (MM-DD-YYYY)	le to the plan for the plan year (b) Amount paid by employer(s)	r by employer(s) and emplo (c) Amount paid by employees	(a) Da				(c)		
8 Contributions mad (a) Date (MM-DD-YYYY)	le to the plan for the plan year (b) Amount paid by employer(s)	r by employer(s) and emplo (c) Amount paid by employees	(a) Da				(c)		
8 Contributions mad (a) Date (MM-DD-YYYY)	le to the plan for the plan year (b) Amount paid by employer(s)	r by employer(s) and emplo (c) Amount paid by employees	(a) Da		employe	r(s)			
8 Contributions mad (a) Date (MM-DD-YYYY)	le to the plan for the plan year (b) Amount paid by employer(s)	r by employer(s) and emplo (c) Amount paid by employees	(a) Da		employe				
8 Contributions mad (a) Date (MM-DD-YYYY) 08/30/2019	te to the plan for the plan year (b) Amount paid by employer(s) 127,000	r by employer(s) and emplo (c) Amount paid by employees 0	(a) Dar (MM-DD-Y	18(b)	employe	127,00 e year:			
8 Contributions mad (a) Date (MM-DD-YYYY) 08/30/2019 19 Discounted empl a Contributions a	te to the plan for the plan year (b) Amount paid by employer(s) 127,000 127,000 poyer contributions – see instruational cated toward unpaid minim	r by employer(s) and emplo (c) Amount paid by employees 0	(a) Dar (MM-DD-Y	18(b)	beginning of the	127,000 e year:			
8 Contributions mad (a) Date (MM-DD-YYYY) 08/30/2019 19 Discounted empl a Contributions a	te to the plan for the plan year (b) Amount paid by employer(s) 127,000 127,000 pyer contributions – see instructions adjusted to avoid restrictions adjusted to a second contributions adjusted to avoid restrictions adjusted to avoid restriction adj	r by employer(s) and emplo (c) Amount paid by employees 0 uctions for small plan with a num required contributions fusted to valuation date	(a) Dar (MM-DD-Y	18(b)	beginning of the	127,000 e year: 19a 19b			oyees
8 Contributions mad (a) Date (MM-DD-YYYY) 08/30/2019 19 Discounted empl a Contributions a	te to the plan for the plan year (b) Amount paid by employer(s) 127,000 127,000 pyer contributions – see instructions adjusted to avoid restrictions adjusted to a second contributions adjusted to avoid restrictions adjusted to avoid restriction adj	r by employer(s) and emplo (c) Amount paid by employees 0 uctions for small plan with a num required contributions fusted to valuation date	(a) Dar (MM-DD-Y	18(b)	beginning of the	127,000 e year:			oyees
8 Contributions mad (a) Date (MM-DD-YYYY) 08/30/2019 19 Discounted empl a Contributions a b Contributions a c Contributions a	te to the plan for the plan yea (b) Amount paid by employer(s) 127,000 127,000 over contributions – see instructions adjustions and liquidity shortfalls:	r by employer(s) and emplo (c) Amount paid by employees 0 uctions for small plan with a num required contributions for current years contribution for current years.	(a) Dar (MM-DD-Y	18(b) e after the rsvaluation da	beginning of the	127,000 e year: 19a 19b	0 18(c)	empl	123,80
8 Contributions mad (a) Date (MM-DD-YYYY) 08/30/2019 19 Discounted empl a Contributions a c Contributions a Quarterly contrib	te to the plan for the plan year (b) Amount paid by employer(s) 127,000 127,000 over contributions – see instructions adjustice to avoid restrictions adjustice and liquidity shortfalls:	r by employer(s) and emplo (c) Amount paid by employees 0 uctions for small plan with a num required contributions for current yere e prior year?	(a) Dar (MM-DD-Y	18(b) e after the larsvaluation da	beginning of the	127,000 e year: 19a 19b 19c	0 18(c)	empl	123,80 Yes X No
8 Contributions mad (a) Date (MM-DD-YYYY) 08/30/2019 19 Discounted empl a Contributions a c Contributions a Quarterly contrib	te to the plan for the plan year (b) Amount paid by employer(s) 127,000 127,000 over contributions – see instructions adjustice to avoid restrictions adjustice and liquidity shortfalls:	r by employer(s) and emplo (c) Amount paid by employees 0 uctions for small plan with a num required contributions for current yere e prior year?	(a) Dar (MM-DD-Y	18(b) e after the larsvaluation da	beginning of the	127,000 e year: 19a 19b 19c	0 18(c)	empl	123,80 Yes X No
(a) Date (MM-DD-YYYY) 08/30/2019 19 Discounted empl a Contributions a b Contributions a C Contributions a Did the plan h	te to the plan for the plan yea (b) Amount paid by employer(s) 127,000 127,000 127,000 Description of the plan year	r by employer(s) and emplo (c) Amount paid by employees 0 uctions for small plan with a num required contributions for current year?	(a) Dar (MM-DD-Y Totals ► valuation date rom prior year ar adjusted to year made in a applicable:	18(b) e after the large valuation data	beginning of the	127,000 e year: 19a 19b 19c	0 18(c)	empl	123,80
(a) Date (MM-DD-YYYY) 08/30/2019 19 Discounted empl a Contributions a b Contributions a C Contributions a Did the plan h	te to the plan for the plan year (b) Amount paid by employer(s) 127,000 127,000 over contributions – see instructions adjustice to avoid restrictions adjustice and liquidity shortfalls:	r by employer(s) and emplo (c) Amount paid by employees 0 uctions for small plan with a num required contributions for current year?	(a) Dar (MM-DD-Y Totals ► valuation date rom prior year ar adjusted to year made in a applicable:	18(b) e after the large valuation data	beginning of the	127,000 e year: 19a 19b 19c	0 18(c)	empl	123,80 Yes X No

P	art V	Assumpti	ons Used	to Determine	Funding Target and Targ	get Normal Cost				
0.0000000000	Discount		2112 2300							
4 I		ent rates:		segment: 3.92 %	2nd segment: 5 . 52 %	3rd segment: 6.29%		N/A, full yield curve used		
	b Applic	able month (e	nter code)				21b	0		
22							22	65		
		table(s) (see		Prior regulation		_	d - separate	Substitute		
25	Mortanty	table(s) (see	man donoria)	•			d - separate	e ∏ Substitute		
				Current regula	tion: Trescribed - confi	ined Trescribed	- зорагаю	, Gazanan		
	Carathagas (news)	Miscellane				***************************************				
24	Has a ch	nange been ma	ade in the non	-prescribed actua	arial assumptions for the current p	lan year? If "Yes," see i	nstructions	regarding required Yes X No		
					year? If "Yes," see instructions r					
26	Is the pla	an required to	provide a Sch	edule of Active P	articipants? If "Yes," see instructi	ons regarding required a	ttachment.	Yes X No		
27	If the pla	ın is subject to ent	alternative fu	nding rules, enter	applicable code and see instruct	ons regarding	27			
P	art VII	Reconcili	ation of U	npaid Minimu	ım Required Contributior	s For Prior Years				
28	Unpaid r				ars		28	C		
29	Discount (line 19a	ted employer o	contributions a	llocated toward υ	npaid minimum required contribu	tions from prior years	29	C		
30	Remaini	ng amount of u	unpaid minimu	ım required contr	ibutions (line 28 minus line 29)		30	C		
Pa	art VIII	Minimum	Required	Contribution	For Current Year					
31	Target n	ormal cost an	d excess asse	ets (see instructio	ns):					
	a Target	normal cost (l	ine 6)				31a	121,563		
	b Exces	s assets, if app	olicable, but n	ot greater than lir	ie 31a		31b	C		
32	Amortiza	ation installme	nts:			Outstanding Bala		Installment		
	a Net sh	ortfall amortiza	ation installme	ent			10,369	1,693		
	b Waive	r amortization	installment				0	(
33	If a waiv (Month _	er has been ap	oproved for th	is plan year, ente Year	r the date of the ruling letter grant) and the waived amount	ing the approval	33			
34	Total fur	nding requirem	ent before ref	lecting carryover/	prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	123,256		
					Carryover balance	Prefunding balar	nce	Total balance		
35		s elected for u			(0	C		
36							36	123,256		
37	Contribu	itions allocated	toward minin	num required con	tribution for current year adjusted	to valuation date (line	37	123,803		
38					(see instructions)					
							38a	547		
					efunding and funding standard ca		38b			
39					r (excess, if any, of line 36 over li		39	(
40							40	(
Pa	rt IX	Pension	Funding F	Relief Under F	Pension Relief Act of 2010) (See Instructions	5)			
255111100	XBESTON CONTRACTOR			2010 funding reli						
								2 plus 7 years 15 years		
					a was made			08		
	ມ ⊏ligibl	e pian year(s)	TOT WITHCH THE	CICCUON III IIIIC 4	u was maao					

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates for Contribution Year End Date: 12/31/2018 Effective: 3.92% Late Quarterly: 8.92%

Effective Date	Amount	Effective Interest	Quarterly Interest	Discounted
08/30/2019	\$127,000	-3,197	0	\$123,803
	\$127,000			\$123,803

Name of Plan: South Bay Radiology, Inc. Cash Balan

Plan Sponsor's EIN: 59-3620952

Plan Number: 3

Plan Sponsor's Name: South Bay Radiology, Inc.

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Options:

Male Nonannuitant: 2018 Nonannuitant Male Use optional combined mortality table for small plans:

Yes

Female Nonannuitant:

2018 Nonannuitant Female

No

Male Annuitant: 2018 Annuitant Male

Use discount rate transition: Lump sums use proposed regulations:

Yes

Female Annuitant:

2018 Annuitant Female

Actuarial Equivalent Floor

Applicable months from valuation month:

Stability period: plan year

Probability of lump sum:

100.00%

No

2nd

N/A

4

6

0

Lookback months: 3

Use pre-retirement mortality:

Nonannuitant:

N/A

Annuitant:

2018 Applicable

Segment rates:

3

Current:

2nd 4 3rd 4

0

High Quality Bond rates:

N/A 4

0

<u>1st</u>

N/A 6

<u>3rd</u>

5

0

Override:

0

<u>1st</u>

2

0

Salary Scale

Final rates:

Override:

Male: 0.00%

Female: 0.00% **Late Retirement Rates**

Male:

N/A

Female:

N/A

Withdrawal

Male:

Male: N/A Female:

Marriage Probability Male:

Setback 0

N/A

N/A

Female: 0.00%

Withdrawal-Select

Expense loading:

Disability Rates

0.00%

0.00%

Female: N/A

Male: N/A

Early Retirement Rates Male:

N/A

Female:

Female:

N/A

N/A

Mortality N/A

N/A

Setback 0

0

Subsidized Early Retirement Rates

N/A

Male: Female:

N/A

Male: Female:

Name of Plan:

South Bay Radiology, Inc. Cash Balar

Plan Sponsor's EIN:

59-3620952

Plan Number:

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements Service/Participation Requirements

Definition of years: Hours worked 21 Age (yrs):

Continuing hours: 1,000 Age (months): 0

Wait (months): 12 **Excluded classes:**

Two year eligibility: No

Earnings

Total compensation excluding: Other

> Prior to participation 415 prior to participation

Retirement Normal **Early Subsidized Early Disability** Death 65 Age: 0 Service: 5 Participation:

1st of month Defined: following

Benefit Reduction / Mortality table & setback

Male: Actuarial Equivalence Actuarial Equivalence N/A 0 Actuarial Equivalence Actuarial Equivalence N/A 0 Female:

N/A N/A N/A Rates - Male: N/A Rates - Female: N/A N/A

No **REACT Benefits Percentage: Use Social Security Retirement Age:** 50.00%

Vesting Schedule: 3 Year Cliff Pre-retirement death benefit

Hours Worked Percentage of accrued benefit: 0.00% **Vesting Definition:**

Death Benefit Payment method: PVAB

Annuity Years Percent Normal: Life only 0 0.00% QJSA: 0 Joint and contingent 50.00%

Significant Changes in Plan Provisions Since Last Valuation

Benefit Formula

Benefits are based on the actuarial equivalent of the hypothetical account balance. The hypothetical contributions are based on the plan document.

Name of Plan: South Bay Radiology, Inc. Cash Balance Plan

Plan Sponsor's EIN: 59-3620952

Plan Number:

Plan Sponsor's Name: South Bay Radiology, Inc.

South Bay Radiology, Inc. South Bay Radiology, Inc. Cash Balance Plan Amortization Bases for Pension Protection Act Report Valuation as of 12/31/2018 for the Plan Year Ending 12/31/2018

Pension Protection Act

Type of Base		Effective <u>Date</u>	Interest <u>Rate</u>	Initial <u>Amount</u>	Initial <u>Amort</u>	Current <u>Balance</u>	Rem <u>Amort</u>	<u>Payment</u>
Shortfall		12/31/2018	4 / 6	10,369	7	10,369	7	1,693
Totals	Shortfall					10,369		1,693

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

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

v.171027

This Form is Open to **Public Inspection**

Part	Annual Repo	rt identification information	1						
For calen		fiscal plan year beginning	01/01/2018	and ending	12/31				
A This re	eturn/report is for:	X a single-employer plan	list of participating e	plan (not multiemploye employer information in) (Filers checking accordance with t	this box must attach a he form instructions.)			
		a one-participant plan	a foreign plan						
B This re	turn/report is	the first return/report	the final return/repor	t					
		an amended return/report	a short plan year ret	urn/report (less than 12	months)				
C Check	box if filing under:	☑ ☑ Form 5558	automatic extension		DFVC progra	am			
0 0,000	Dox (1 ////// direction)	special extension (enter desc			bi ve pregin	2111			
Part II	Rasic Plan In	formation—enter all requested in							
1a Name	***	Torritation enter all requested in	HOMEBON		1b Three-dig	jit			
	BAY RADIOLOGY	INC			plan num				
CASH I	BALANCE PLAN				(PN) ▶ 1c Effective				
					01/01				
Mailir	ng address (include ro	ployer, if for a single-employer plan) dom, apt., suite no. and street, or P.	O. Box)			Identification Number -3620952			
City o	or town, state or provi BAY RADIOLOGY	nce, country, and ZIP or foreign pos , INC .	tal code (if foreign, see in	structions)	2c Sponsor's telephone number (407) 620-0952				
						code (see instructions)			
9007 5	SHAWN PARK PL	ACE				,			
ORLANI	00		E,	L 32819	621111				
3a Plan	administrator's name	and address X Same as Plan Spo	onsor.		3b Administrator's EIN				
4 If the	name and/or FIN of	the plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN				
this	plan, enter the plan sp	consor's name, EIN, the plan name	and the plan number from	the last return/report.					
,	sor's name				4d PN				
C Plan	Name								
5a Total	number of participar	its at the beginning of the plan year.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5a	2			
		its at the end of the plan year		1	5b	2			
c Num	ber of participants wit	h account balances as of the end of	the plan year (only define	ed contribution plans	5c				
d(1) To	otal number of active	participants at the beginning of the p	lan year		5d(1)	2			
d(2) To	otal number of active	participants at the end of the plan ye	ar ,		5d(2)				
than	100% vested	no terminated employment during th			5e	C			
Caution:	A penalty for the lat	e or incomplete filing of this return other penalties set forth in the instru	n/report will be assesse	d unless reasonable of e examined this return?	ause is establish	red. f applicable, a Schedule			
SB or Sch	nedule MB completed true, correct, and co	and signed by an enrolled actuary,	as well as the electronic v	ersion of this return/rep	ort, and to the bes	t of my knowledge and			
SIGN	ind sil	5/1/2	10-1-19	VICTORIA MCV	AY				
HERE	Signature of plan		Date	Enter name of indiv	idual signing as pl	an administrator			
SIGN	15421	5/1/2	10-1-19	VICTORIA MCV	AY				
HERE	Signature of emp	oloyer/plan sponsor	Date	Enter name of indiv	idual signing as e	mployer or plan sponsor			
For Panen	vork Reduction Act No	tice, see the instructions for Form 550	0-SF.			Form 5500-SF (2018)			

Pa	a	e	2

	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	an indepei and condit	ndent qualified public a	account	ant (IC	(PA)		- 51 v	_
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes 🛛 No	Not det	ermined uctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning				(b) En	d of Year	
a	Total plan assets	7a		407,	095			4	97,189
b	Total plan liabilities	7b							
c	Net plan assets (subtract line 7b from line 7a)	7c		407,	095			4	97,189
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а 	Contributions received or receivable from: (1) Employers	8a(1)		127,	000				
	(2) Participants	8a(2)			_				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-12,	099				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	14,901
d ——	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		21,	21,659				
e_	Certain deemed and/or corrective distributions (see instructions)	8e			_				
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g		3,148					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							24,807
_i	Net income (loss) (subtract line 8h from line 8c)	8i							90,094
j	Transfers to (from) the plan (see instructions)	8i							
Pai 9a b	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 1C If the plan provides welfare benefits, enter the applicable welfare for								
_			es nom the List of Fia	TI Onan	30(0113			ardollono.	
Par									
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
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.).					Х			
f	Has the plan failed to provide any benefit when due under the plan?					Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Х			
h	2520.101-3.)			10h		Х			
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					

	Form 5500-SF (2018) Page 3 -				
Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below).			XY	es 🗌 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40				(
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 o	f	_ Y	es 🛚 No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver. Month	enter t		the letter Year	ruling
lf	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			
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 of a 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?		Yes	X 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 under the control of the PBGC?	,,,,,,,,,,		Yes 🛚	No
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			

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

13c(3) PN(s)

13c(2) EIN(s)