## 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 6058(a) of the Internal Revenue Code (the Code).

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2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.					
		dentification Information								
For	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009									
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for:	first return/report	final retur	n/report						
		an amended return/report	short plar	year return/report (less than 12 mo	nths)					
C	Check box if filing under: Form 5558 automatic extension					DFVC program				
Pa	rt II Basic Plan Infor	mation—enter all requested inform	ation							
					1b	Three-digit				
	PLETE CARE CARDIOLOGY	PLLC 401(K) PLAN				plan number				
						(PN)				
					1C	Effective date of plan 01/01/2006				
2a	Plan sponsor's name and add	ress (employer, if for single-employer	· nlan)		2b Employer Identification Num					
	PLETE CARE CARDIOLOGY	( , , , , , , , , , , , , , , , , , , ,	piani		(EIN) 20-2737444					
					2c Plan sponsor's telephone number					
	MARCUS AVENUE SUCCESS, NY 11042				24	516-775-0055				
L/ (( \C	. 0000200, 111 11042				<b>2</b> 0	Business code (see instructions) 621111				
3a	Plan administrator's name and	d address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN				
COM	PLETE CARE CARDIOLOGY	PLLC 2001 MARC LAKE SUCC				20-2737444				
		27 IVE 0000	,200,111	1042	3c	Administrator's telephone number 516-775-0055				
4	the name and/or EIN of the pl	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b EIN					
- 1	name, EIN, and the plan number	er from the last return/report. Sponso	or's name							
<b>-</b>	Tatal accept as of a auticin auto-	A the beginning of the plant con				4c PN				
		at the beginning of the plan year			5a					
b	·	at the end of the plan year			5b	9				
С		vith account balances as of the end o			5с	9				
6a	Were all of the plan's assets	during the plan year invested in eligit	ole assets?	(See instructions.)		X Yes No				
b		the annual examination and report of				 V				
		(See instructions on waiver eligibility				Yes   No				
Da	rt III Financial Inform	her 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	υυ.					
		iation		()5		() = 1 ()/				
7	Plan Assets and Liabilities  Total plan assets		7-	(a) Beginning of Year		(b) End of Year 210849				
a b	. o.a. p.a accost		. 7a . 7b	14002	+	0				
C	·	7b from line 7a)		14862		210849				
8			. 7с							
a	Income, Expenses, and Trans Contributions received or received			(a) Amount		(b) Total				
ű			. 8a(1)	1310						
	(2) Participants		8a(2)	2) 3731						
	(3) Others (including rollovers	s)	8a(3)		0					
b	Other income (loss)		. 8b	11815	5					
С	Total income (add lines 8a(1),	, 8a(2), 8a(3), and 8b)	. 8c			62228				
d	1 \	rollovers and insurance premiums	8d							
е	Certain deemed and/or correct	ctive distributions (see instructions)	8e		)					
f	Administrative service provide	ers (salaries, fees, commissions)	8f	(	)					
g	Other expenses		8g		)					
h	•	8e, 8f, and 8g)				0				
i		ne 8h from line 8c)				62228				
i		see instructions)		(	)					

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Characi	reristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 3D

D	ir tne	e plan provides welfare benefits, enter the applicable welfare featu	ire codes from the L	List of Plan Charac	cteris	iic Co	des in i	tne instructio	ns:		
Part	٧	Compliance Questions									
10	Dui	During the plan year:					No	Δ	mount		
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				10a		X				
b	· · · · · · · · · · · · · · · · · · ·			•	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 fidelity bond, that was caused by fraud or dishonesty?						Х				
	ins	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.)					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				
h		is is an individual account plan, was there a blackout period? (See 0.101-3.)			10h		Х				
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				X					
Part \	VI	Pension Funding Compliance									
		nis a defined benefit plan subject to minimum funding requirements							Yes	No	
12		0))his a defined contribution plan subject to the minimum funding requ							Yes	X No	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		1412 01 110 0000	01 00	otion	JOZ 01	LICIO/C:			
		waiver of the minimum funding standard for a prior year is being ar		year, see instruc	tions,	and e	enter th	ne date of the	e letter rulii	ng	
	granting the waiver Month Day Year										
-		completed line 12a, complete lines 3, 9, and 10 of Schedule ME	•	-		Γ	12b				
		er the minimum required contribution for this plan year				1	12c				
d							12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?					-		Yes	No	N/A	
Part \		Plan Terminations and Transfers of Assets	<u> </u>								
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes	X No	
		es," enter the amount of any plan assets that reverted to the emplo					13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							X No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)											
13c(1) Name of plan(s):						<b>13c(2)</b> EIN(s) <b>13c(3)</b> PI			PN(s)		
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.											
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I diedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.									
SIGN	ıF	Filed with authorized/valid electronic signature. 10/05/2010 RANDY KIEWE									
HERE	-			Enter name of in	individual signing as plan administrator						

Date

Enter name of individual signing as employer or plan sponsor