### 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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2009 or fiscal plan year beginning 01/01/	2009	and ending	12/31/2	2009
Α	This return/report is for: Single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retu	n/report		
	an amended return/report	short plai	year return/report (less than 12 m	onths)	
C	Check box if filing under: Form 5558	automatio	extension		DFVC program
	special extension (enter descri	iption)			_
Pa	art II Basic Plan Information—enter all requested inf	ormation			
	Name of plan			1b	Three-digit
EAS	T END CARDIOLOGY CASH BALANCE PLAN & TRUST				plan number
				10	(PN) Effective date of plan
				10	01/01/2007
2a	Plan sponsor's name and address (employer, if for single-emplo	yer plan)		2b	Employer Identification Number
EAS	T END CARDIOLOGY, PC				(EIN) 11-3198990
1070	E MAIN CIDEET			2c	Plan sponsor's telephone number 631-727-2100
	E MAIN STREET RHEAD, NY 11901			2d	Business code (see instructions)
					621399
	Plan administrator's name and address (if same as Plan sponsor END CARDIOLOGY, PC 1279 E N	or, enter "Same NAIN STREET	e")	3b	Administrator's EIN
EAS		EAD, NY 1190	1	30	11-3198990 Administrator's telephone number
					631-727-2100
	f the name and/or EIN of the plan sponsor has changed since the		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Spo	nsors name		4c	PN
5a	Total number of participants at the beginning of the plan year			_	42
b	Total number of participants at the end of the plan year			. 5b	42
С	Total number of participants with account balances as of the er	d of the plan	vear (defined benefit plans do not	0.0	
	complete this item)			. 5c	
	Were all of the plan's assets during the plan year invested in e	•	,		X Yes   No
b	Are you claiming a waiver of the annual examination and repor under 29 CFR 2520.104-46? (See instructions on waiver eligib				X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot us	•	•		
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
	Total plan assets		46242	22	465435
b	Total plan liabilities	7b		0	0
С	Net plan assets (subtract line 7b from line 7a)	7с	46242	22	465435
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		0	
	(2) Participants	1		0	
	(3) Others (including rollovers)			0	
b	Other income (loss)		30 <sup>-</sup>	13	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			3013
d	Benefits paid (including direct rollovers and insurance premium	s			
	to provide benefits)			0	
e	Certain deemed and/or corrective distributions (see instructions	<i>'</i>		0	
f	Administrative service providers (salaries, fees, commissions).			0	
g	Other expenses			0	
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)				0
!	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)				3013
		Qi		4.5	

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Charact	eristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1C 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions								
10	During the plan year:				Yes	No	Α	mount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci			10a		X			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	•		10b		X			
С	Was the plan covered by a fidelity bond?			10c	X				400000
d	Did the plan have a loss, whether or not reimbursed by the plan's ficor dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	the benefits under t	he plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	·		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g		X			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)			10h					
i	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			10i					
Part '	/I Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiremer 5500))							X Yes	No
12	Is this a defined contribution plan subject to the minimum funding re	equirements of sect	ion 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical	ble.)							
	If a waiver of the minimum funding standard for a prior year is being								
	granting the waiverou completed lines 3, 9, and 10 of Schedule I			un		Day .	r	ear	
-	Enter the minimum required contribution for this plan year		-		Г	12b			
	Enter the amount contributed by the employer to the plan for this pla				1	12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	ne result (enter a m	inus sign to the left	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?			<u> </u>		Yes	No	N/A
Part '	/II Plan Terminations and Transfers of Assets	-							
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior ye	ear?					X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the em					13a		<u> </u>	0
	Were all the plan assets distributed to participants or beneficiaries, to the PBGC?	ransferred to anoth				ntrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to anothe	er plan(s), identify th	ne plai	n(s) to			_	
1:	Bc(1) Name of plan(s):				130	c(2) EII	N(s)	13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/repo	rt will be assessed	d unless reasonab	le cau	ise is	establ	ished.	1	
Under SB or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	I declare that I have	e examined this retu	ırn/rep	ort, in	cludin	g, if applicab	,	
SIGN	Filed with authorized/valid electronic signature.	10/14/2010	WILLIAM CLEMA	NS					
HERI		Date	Enter name of in	ndividi	ıal sinı	nina as	nlan admin	istrator	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

# **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

# 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).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

							File as a	an attach	ment to I	Form	5500 or	5500-	·SF.					
For	calen	dar p	lan year 200	9 or fis	scal plan ye	ear	beginning 01	1/01/2009	9				and end	ing 12/	31/20	009		
			amounts to penalty of \$			ess	sed for late filing o	of this repo	ort unless	reasc	nable ca	use i	s establishe	ed.				
	ame T EN			CASH	BALANCE	ĒΡ	LAN & TRUST					В	Three-dig		)	•	003	
C P	lan sp	oonso	or's name as	showr	n on line 2a	a of	Form 5500 or 550	00-SF				D	Employer	Identific	ation	Number	(EIN)	
EAS	TENI	D CA	RDIOLOGY,	PC								11-	-3198990					
E T	ype of	f plan	: X Single	_ N	/lultiple-A		Multiple-B		<b>F</b> Prior ye	ear pla	n size: 🛚	100	or fewer	101-	500	More	than 500	
Pa	rt I	В	asic Infor	<u> </u>	on						_			_		_		
1			valuation da			/lor	nth <u>12</u> [	Day <u>31</u>	Y	ear 2	009	_						
2	Asse	ets:																
	а	Mark	et value															465435
	b	Actu	arial value											2b				465435
3	Fund	ding t	arget/particip	ant co	ount breakd	vob	vn				<b>(1)</b> N	umbe	er of particip			(2)	Funding Targ	
	а		'				ries receiving pay							(				0
	b				participants	3			3	b								498
	С	For	active particip							(4)								
		(1)																0
		(2)								` '				4.0				291372
	_1	(3)								• •				19				291372
	d											П		20	,			291070
4							mplete items (a) a					ш						
			0 0	•	٠.		ed at-risk assumpt							4a				
		at-ris	sk for fewer t	han fiv	e consecu	tive	mptions, but disreger e years and disreg	garding lo	ading fact	tor	······			_				
5	Effe	ctive	interest rate.											5				6.62 %
6														6				0
S	o the b ccordar ombina	est of r	h applicable law	e inform and regu	ulations. In my	opi	his schedule and accom nion, each other assump nce under the plan.									xpectations	and such other a	
Н	ERE											_				10/13/2	2010	
WILL	IAM J	J. CLI	EMANS, E.A.		Signat	ture	e of actuary									Date 08-07	149	
L. I. E	MPL	OYE	E BENEFITS			nt i	name of actuary							Most		nt enrollm 631-273	nent number -9220	
			S BLVD NY 11788		F	irm	n name					_	Te	elephone	e num	nber (incl	uding area co	ode)
					Addr	ess	s of the firm					_						
If the	actua	ary ha	s not fully ref	flected	any regula	atic	on or ruling promu	lgated un	der the st	atute i	n comple	etina 1	this schedu	le, chec	k the	box and	see	П
instru		•			,			J a an						2, 350				Ш

age <b>Z-</b> l1
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Pa	art II	Begin	ning of year	carryov	er and prefunding ba	lances						
	,						(a)	Carryover balance		(b) F	Prefundi	ng balance
7		_	•		icable adjustments (Item 13				345			0
8	Portion (	used to	offset prior year's	funding re	quirement (Item 35 from prid	or year)			0			0
9	Amount	remainir	ng (Item 7 minus i	tem 8)					345			0
10	Interest	on item	9 using prior year	's actual re	eturn of3.56 %				12			
11					d to prefunding balance:							
	•				year)							110642
					e rate of6.36 %							0
					year to add to prefunding bal							110642
	_		0 0	•	balance							0
12					eemed elections				0			0
					+ item 10 + item 11d – item				357			0
	art III		ding percenta	-		,			<u> </u>			
14			<u> </u>								14	159.34 %
15					ge						15	159.46 %
16					s of determining whether car				to reduce	)		
	-						-				16	125.41 %
17	If the cui	rrent val	ue of the assets o	f the plan	is less than 70 percent of th	e funding ta	rget, enter	such percentage			17	%
Pa	art IV	Con	tributions an	d liquid	ity shortfalls							
18	Contribu	tions ma	ade to the plan for	the plan y	year by employer(s) and em	ployees:						
<b>/</b> N/	(a) Date 1M-DD-YY		(b) Amount p		(c) Amount paid by	(a) [ (MM-DD		(b) Amount pa	-	(0	-	nt paid by
(IV	ו ז-טט-וווו	11)	employer	(5)	employees	(IVIIVI-DL	7-1111)	employer(	5)		empi	oyees
						Tatala N	40/5			40(-)		0
40	D: .					Totals ▶	` ,		0	18(c)		U
19			-		structions for small plan with							0
	_				nimum required contribution			•	19a			0
					djusted to valuation date			ŀ	19b			0
					quired contribution for current	year adjusted	d to valuatio	n date	19c			0
20			outions and liquidit	-								, –
		•	•		the prior year?						L	Yes X No
	<b>b</b> If 20a	is "Yes,	" were required qu	uarterly ins	stallments for the current year	ar made in a	timely mai	nner?			L	Yes No
	<b>C</b> If 20a	is "Yes,	" see instructions	and comp	lete the following table as a							
		(1) 10	\t		Liquidity shortfall as of e	nd of Quarte			1		(A) A±L	
		(1) 1s	ol .		(2) 2nd		(3)	3rd			(4) 4th	I

Pa	rt V Assumptio	ns used to determine f	unding target and targe	et no	rmal cost		
21	Discount rate:						
	<b>a</b> Segment rates:	1st segment: 5.28 %	2nd segment: 6.59 %		3rd segment: 6.65 %		N/A, full yield curve used
	<b>b</b> Applicable month	(enter code)				21b	0
22	Weighted average ret	tirement age				22	65
23	Mortality table(s) (see	e instructions)	escribed - combined	Presci	ibed - separate	Substitu	te
Pa	rt VI Miscellane	ous items					
24	•		uarial assumptions for the curr		•		· ·
25	Has a method change	e been made for the current pla	an year? If "Yes," see instructi	ions re	garding required attac	hment	Yes X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see ins	tructio	ns regarding required	attachment	Yes X No
27	, ,	` ",	nding rules, enter applicable co			27	
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contributio	ns fo	or prior years		
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0
29	' '		unpaid minimum required con		' '	29	0
30	Remaining amount of	unpaid minimum required cor	tributions (item 28 minus item	29)		30	0
Pa	rt VIII Minimum	required contribution t	for current year				
31	Target normal cost, a	djusted, if applicable (see instr	ructions)			31	0
32	Amortization installme	ents:	,		Outstanding Bala	ince	Installment
	a Net shortfall amorti	ization installment				0	0
	<b>b</b> Waiver amortization	on installment				0	0
33			ter the date of the ruling letter (			33	
34			er/prefunding balances (item 31			34	0
			Carryover balance		Prefunding bala	nce	Total balance
35	Balances used to offs	et funding requirement		0		0	0
36	Additional cash requir	rement (item 34 minus item 35	)			36	0
37			ontribution for current year adju			37	0
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	0
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36 c	over ite	em 37)	39	0
40	Unpaid minimum requ	uired contribution for all years.				40	0

## **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).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

	File as an attachm	ent to Form	n 5500 or 5500	-SF.			
For calendar plan year 2009 or fiscal plan	an year beginning 01/0	01/2009		and ending	g	12/	31/2009
▶ Round off amounts to nearest do	llar.						
Caution: A penalty of \$1,000 will be	assessed for late filing of this report	unless reas	onable cause is	s established			
A Name of plan			В	Three-digit			
				plan numbe	er (PN)	<b>)</b>	003
EAST END CARDIOLOGY CAS	H BALANCE PLAN & TRUST	7					
C Plan sponsor's name as shown on lir			D	Employer Ide	entificat	ion Number	(FIN)
Than openion of hame do enoun on in	10 24 0. 1 0.111 0000 01 0000 01			Linployor ta	onunoa	don Hamber	(=114)
EAST END CARDIOLOGY, PC				11-31989	90		
E Type of plan: X Single Multiple	-A Multiple-B	Prior year pl	an size: 🏻 100	or fewer	101-50	00 More	than 500
Part I Basic Information							
1 Enter the valuation date:	Month 12 Day 31	Year	2009				
2 Assets:				•			
a Market value					2a		465,435
<b>b</b> Actuarial value					2b	•	465,435
3 Funding target/participant count br	eakdown		(1) Numbe	er of participa	nts	(2)	Funding Target
a For retired participants and be	eneficiaries receiving payment	. 3a			0		0
<b>b</b> For terminated vested particip	eants	. 3b			1		498
<b>c</b> For active participants:							
(1) Non-vested benefits		. 3c(1)					0
(2) Vested benefits		. 3c(2)					291,372
(3) Total active		. 3c(3)			19		291,372
<b>d</b> Total		. 3d			20		291,870
4 If the plan is at-risk, check the box	and complete items (a) and (b)						
<ul> <li>a Funding target disregarding pr</li> </ul>	escribed at-risk assumptions				4a	e desperante da secreta de se se se se esta de se esta d	et en als distributes en de Santana en
<b>b</b> Funding target reflecting at-ris	k assumptions, but disregarding trans	sition rule fo	or plans that hav	ve been	4b		
	secutive years and disregarding loadi	ng factor					
					5		6.62 %
					6		0
Statement by Enrolled Actuary  To the best of my knowledge, the information sup	whiled in this polyadule and appearance askedu	laa atatamanta	and attachments if		and conve	roto Epob propori	had assumption was applied in
accordance with applicable law and regulations. combination, offer my best estimate of anticipated	In my opinion, each other assumption is reasonal						
SIGN / /////	1/1//						
HERE    / ///////////////////////////////	CV_	•				10/13/2	010
Si	gnature of actuary					Date	
William J. Clemans, E.A.						08-071	49
Type o	r print name of actuary				Most re	ecent enrollm	ent number
L. I. Employee Benefits	Group, LTD.				(	631)273-	-9220
325 Wireless BLVD	Firm name			Tele	phone r	number (inclu	iding area code)
Hauppauge	NY 117	788					,
	Address of the firm		<del></del>				
If the actuary has not fully reflected any reinstructions	egulation or ruling promulgated under	the statute	in completing t	his schedule,	check	the box and s	see [

Pao	е	2-	Г

Pa	art II Begi	nning of year	carryove	r and prefunding ba	lances							
			•			(a)	Carryover balance		(b) l	Prefund	ing bala	nce
7 				able adjustments (Item 13				345				0
8	Portion used to	offset prior year's	funding requ	uirement (Item 35 from pric	r year)			0				0
9								345				0
10	Interest on item	9 using prior yea	r's actual retu	urn of3.56%				12				
11				to prefunding balance:								
	a Excess con	tributions (Item 38	from prior ye	ear)							11	10,642
	<b>b</b> Interest on (	a) using prior year	r's effective ra	ate of6.36 %		]		223				0
	<b>c</b> Total availab	le at beginning of o	current plan ye	ear to add to prefunding bala	ance						11	10,642
	<b>d</b> Portion of (c	) to be added to p	refunding ba	lance								0
12	Reduction in ba	lances due to ele	ctions or dee	med elections				0				0
13	Balance at begi	nning of current y	ear (item 9 +	item 10 + item 11d - item	12)			357				0
MSSERVATOR	CONTROL (CONTROL )	iding percent				<u> </u>						
14	Funding target	attainment percen	tage	••••••						14	159.	.34 %
15	Adjusted fundin	g target attainmer	it percentage	)						15	159.	.46 %
16				of determining whether can						16	125.	.41 %
17	current year's funding requirement											
Pa	art IV Cor	ntributions an	d liquidity	/ shortfalls	<u> </u>							
18	Contributions m	ade to the plan fo	r the plan yea	ar by employer(s) and emp	loyees:							
4.	(a) Date	(b) Amount p		(c) Amount paid by		Date	(b) Amount pai		(0		ınt paid	by
(IVI	IM-DD-YYYY)	employer	(s)	employees	(IVIIVI-DL	D-YYYY)	employer(s	)		empi	oyees	
									-			
								<del></del>	-			
												<del></del>
DARRES S					Totale N	40(1-)			0 40(-)			
					Totals ▶				0 <b>18(c)</b>			0
19	-	_		uctions for small plan with a								
			•	num required contribution for				19a				0
	b Contributions made to avoid restrictions adjusted to valuation date											
	<b>C</b> Contributions	allocated toward m	inimum requir	red contribution for current ye	ear adjusted	to valuation	n date	19c	un marcanala Palasi		000-00000000	0
20	The state of the s											
	•	-		e prior year?						_	Yes	X No
	<b>b</b> If 20a is "Yes	," were required q	uarterly insta	illments for the current yea	r made in a	timely mar	ner?		505888880000000000000000000000000000000	<u></u>	Yes	No
	C If 20a is "Yes	," see instructions	and complet	e the following table as ap			,					
	/4\ 4	n+	<u> </u>	Liquidity shortfall as of en	id of Quarte			ľ		(4) 411		
	(1) 1:	ડા		(2) 2nd	-	(3)	3rd			(4) 4th	1	
			l		1			1				

		ons used to determine t	funding target and target	normal cost		
21	Discount rate: <b>a</b> Segment rates:	1st segment: 5.28 %	2nd segment: 6.59 %	3rd segment: 6.65 %		N/A, full yield curve used
	<b>b</b> Applicable month	(enter code)		<del>'                                    </del>	21b	0
22	Weighted average ret	tirement age			22	65
23	Mortality table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te
Pa	rt VI Miscellane	ous items				
24	_		uarial assumptions for the current			· · · — —
25	Has a method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	hment	
26	is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment	Yes X No
27			nding rules, enter applicable code		27	
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contributions	for prior years		
28	Unpaid minimum requ	uired contribution for all prior ye	ears		28	C
29			unpaid minimum required contrib		29	C
30	Remaining amount of	unpaid minimum required con	tributions (item 28 minus item 29)		30	C
Pa	rt VIII Minimum	required contribution t	or current year			
31	Target normal cost, ac	djusted, if applicable (see instr	uctions)		31	C
32	Amortization installme	ents:		Outstanding Bala	nce	Installment
	a Net shortfall amorti	ization installment		1	0	C
	<b>b</b> Waiver amortization	n installment			0	C
33			ter the date of the ruling letter gran		<b>33</b>	
34		-	r/prefunding balances (item 31 +		34	0
			Carryover balance	Prefunding balar	ice	Total balance
35	Balances used to offse	et funding requirement	0		0	0
36	Additional cash require	ement (item 34 minus item 35)	)		36	0
37		•	ntribution for current year adjuste		37	0
38	Interest-adjusted exce	ess contributions for current ye	ar (see instructions)		38	0
39	Unpaid minimum requ	ired contribution for current ye	ear (excess, if any, of item 36 over	item 37)	39	0
40	Unpaid minimum requ	ired contribution for all years.			40	0

#### Schedule SB, Part V - Statement of Actuarial Assumptions

**Target Assumptions:** 

**Options:** 

Male Nonannuitant: 2009 Nonannuitant Male Female Nonannuitant: 2009 Nonannuitant Female

**Use discount rate transition:** 

Yes Yes

**Male Annuitant:** 2009 Annuitant Male **Lump sums use proposed regulations:** Yes

Use optional combined mortality table for small plans:

2009 Annuitant Female Female Annuitant:

**Actuarial Equivalent Floor** 

Applicable months from valuation month:

Stability period:

plan year

Probability of lump sum: 100.00% Lookback months: 1

Nonannuitant: None

<u>1st</u>

4.41

Use pre-retirement mortality: No

**Annuitant:** 

2009 Applicable

<u>1st</u> 2nd <u>3rd</u> **Segment rates:** 4.71 6.67 6.77 **High Quality Bond rates:** 6.42 6.42 6.42 5.28 6.59

0.00

**Current:** Override: 2nd 4.57 <u>3rd</u> 4.27

0.00

Final rates:

6.65

0.00

0.00

0.00

0.00

**Salary Scale** 

Override:

Male: 0.00% Female: 0.00%

**Late Retirement Rates** 

Male: Female:

Male:

Female:

None None

Withdrawal

Male: None None

Marriage Probability

**Setback** 0

Setback

0

0

Female:

Male: 0.00% 0.00%

Female: **Expense loading:** 0.00%

Withdrawal-Select

**Disability Rates** 

Male:

None None

Male: None

Female: Early Retirement Rates

Female:

Male:

None

Female: None

**Subsidized Early Retirement Rates** 

None

**Mortality** None None

Male: None

Female: None

Name of Plan: EAST END CARDIOLOGY, PC

Plan Sponsor's EIN: 11-3198990

Plan Number:

Plan Sponsor's Name: EAST END CARDIOLOGY, PC

#### Schedule SB, Part V - Summary of Plan Provisions

**Eligibility Requirements** Service/Participation Requirements

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

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

Wait (months): 12 Excluded classes: Union Members
Two year eligibility: No Non-resident alien

**Earnings** 

**Total compensation excluding:** 403(b)

Cafeteria Other

Prior to participation

Retirement Normal Early Subsidized Early Disability Death

Age: 65 Service: 0 Participation: 5

**Defined:** Date of event

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceNone0Female:Actuarial EquivalenceActuarial EquivalenceNone0

Rates - Male: None None None None None

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

Vesting Schedule: 3 YEAR CLIFF Pre-retirement death benefit

**Vesting Definition:** Hours Worked **Percentage of accrued benefit:** 100.00% **Death Benefit Payment method:** PVAB

AnnuityPercentYearsNormal:Life only0.00%0QJSA:Joint and contingent50.00%0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: EAST END CARDIOLOGY, PC CASH BALANCE PLAN

Plan Sponsor's EIN: 11-3198990

Plan Number: 003

Plan Sponsor's Name: EAST END CARDIOLOGY, PC

# Schedule SB, Part V - Summary of Plan Provisions

#### **Benefit Formula**

Benefits are based on the actuarial equivalent of the hypothetical account balance. The hypothetical contributions are based on \$0.00 to be allocated amongst the participants.

Name of Plan: EAST END CARDIOLOGY, PC CASH BALANCE PLAN

**Plan Sponsor's EIN:** 11-3198990

Plan Number: 003

Plan Sponsor's Name: EAST END CARDIOLOGY, PC

# SCHEDULE SB, LINE 22 - DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

PLAN NAME: EAST END CARDIOLOGY

**CASH BALANCE PLAN & TRUST** 

**EMPLOYER ID:** 11-3198990

PLAN NUMBER: 003

PLAN YEAR: 01/01/2009 - 12/31/2009

Schedule SB, line 22 – Normal Retirement Age under the Plan

	- 18	to and ID a		t of Small Employ	99	OMB Nos. 1210-0110 1210-0080
Form 5500-SF	Short Form Annual Re	anetit M	IBN		- 1	2009
Department of the Treasury Internal Ravanue Sarvice	This form is required to be filed to Retirement income Security Act internal Re	under section t of 1974 (E venue Code	ns Ris, (th	)4 and 4066 of the Employee ), and section 6058(a) of the Code).	-	This Form is Open to Public inspection
Employee Benefit Security Administration Pension Benefit Gueranly Corporation	Complete all entries in accorda	nce with th	ı lı	tructions to the Form 5500	8F.	•
Tipoet   Appuel Report	entification information	/01/200		and ending		12/31/2009
For calandar plan year 2009 or tiec	A) DIAN YARE DESIRING			plan (not multiemployer)	П	one-participant plan
A This return/report is for:	□ ''''• □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	mai return/r		Profit Clare Williams	-	
B This return/report is for:	first return/report	thort plan V	ar'i	turn/raport (less than 12 mon	(hs)	
		automatic ex				DFVC program
C Check box if filing under:	special extension (enter description					
Mary Mary Branch Blog Infor	mation—anter all requested informat					in a state of the
	•				ן עוני	hrea-digit lan number
EAST END CARDIOLOG	Y CASH BALANCE PLAN & T	KOD#				PN) 003
					10 5	fective date of plan 1/01/2007
	ta des single employed	-lan\			Mile E	malayer Idealification Number
2a Flag sponso" CARD TOLOG	ress (amployer, if for single-employer p	×1411)			20 5	EIN) 11-3198990
And the H. Issuer.						(631) 727-2100
1279 E MAIN STREET	,		- 1		2d 5	Buainess code (see Instructions) 521399
				NY 11901		Administrator's EIN
3a Fign administrator's name and	d address (if same as Plan sponsor, er	iter "Same",	'			
2741=					36 /	Administrator's telephone number
	blan aponsor has changed since the last	t return/rep	art fi	d for this plan, enter the	4b	EIN
4 If the name and/or EIN of the F	plan aponeor has changed allos the lead per from the last return/report. Sponso	r's name	-,,,		4c	PN
					_	12
58 Total number of participants	et the beginning of the plan year at the and of the plan year	**************************************	,,,,,,	************************************	5b	42
		P F MAR IN IN IN IN IN	157 F f 68	BINGED MONDHE Frience 22 11	1 -	
c Total number of penticipants complete this item)	With account palances as of the drift of	leadinamm.				X Yas No
68 Were all of the plan's assets	s during the plan year invested in eligic	io sieroies (	\$00	Luciand public accountant (if	2PA)	
b Ara you claiming a Walver o	tine annual examination and report of	and condition	ואמי		*****	X YOR [] NO
if you enswered "No" to a	that do of do, the plan cannot use F	orm 5500-5	Fa	d must instead use Porm a	200,	
Hart III. Financial Infort	mation			(a) Reginning of Year		(b) End of Year
7 Plan Assets and Liabilities		1		462,4	22	465,435
a Total plan assets	***************************************				0	O 25A
b Total plan liabilities	e 7b from ilne 7a)	70		462,4	22	465,435
	nsfers for this Plan Year			(a) Amount	J. John C.	(b) Total
	icalvebla from:	8a(1)			o 18	
(1) Employers	######################################				0	
(2) Participants	<b>6</b> [5]				_ 이 👊	
(3) Others (Including rolley	• • • • • • • • • • • • • • • • • • •			3,0	13 1	3,013
A Total Income (add lines 88)	(1), 8a(2), 8a(3), and 8b)	8c		THE STATE OF THE S		
at income and finalisting diff	act tollovets and insulance bleitiming	1			0	
10 provide benefits)	rective distributions (see instructions).				_0#	
Cartain deemed and/or cor	riciers (seleries, fees, commissions)	8f			_0	
← Other expenses	***>	89	174.	was the of the following multiplicate military contents. The allege in the second		在市场的基本中的基本的基本的基本的基本。
h Total expenses (add lines	6d, 6s, 6f, and 6g)	<u>an</u>			456 P.	3,01.3
I Net Income (loss) (subtrac	t line 8h from line 8c)	BI		ATELY ASTRONOMY AND THE REAL PROPERTY OF THE P		
I The makeur to (from) the Dist	n (see instructions)	erri Bi	n Male	- in /	- Jan	Porth 0000-9F (2000) V,082300.1
For Paperwork Reduction Act Notice	and OMB Control Numbers, and the Instruc	Weite int Lati	" mar	r		A'083900-1

To:6312739685

			Page 2-								
Form 8500-SF 2008			-		-						
	if the plan provides panalon benefits, enter the applicable pension feat										<del></del>
þ	if the plan provides welfare benefits, enter the applicable welfare feature	ire godes from	the L	ist of Plan Chare	cteris	tia Cad	des in I	he Instru	ctions:		
Part	V. Compliance Questions										
10	During the pien vest:			er a de cedhecel fe		Yes	No		Amou	ınt	<del></del>
a	Was there a failure to transmit to the plan any participant contributions as CSR 2510 3-1022 (See instructions and DOL's Voluntary Fiducian	y Correction H	OBLA	{T}}	10a		x				
þ	Were there any nonexempt transactions with any party-in-interest? (D on line 104.)	o Vot Nornce	 	estatis isharen	105		Х		٠	· · · · · · · · · · · · · · · · · · ·	
c	Was the plan covered by a fidelity bond?	*(*************	*******	,	100	x				400	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	illy bond, that	/8BC	ausad by fraud	104		х				
ø	Were any fees or commissions paid to any brokers, agents, or other p insurance service or other organization that provides some or all of the instructions.)	ersons by an a benefits und	r the	nce cerrier, pien? (Gee	100	J	×				
,	Has the plan falled to provide any benefit when due under the plan?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	101		X				
'	Did the plan have any participant loans? (If "Yes," enter amount as of				100		х				
g h	If this is an individual account plan, was there a blackout period? (See	instructions r	hd 26	) CFR	10h						
Į	2520.701-5.)	auired notice	יוים יו	e of the	101						
Gerelen Funding Compliance											
11	la this a defined benefit plan aubject to minimum funding requirements										
12	is this a defined contribution plan subject to the minimum funding requirements of s			412 of the Gode	9 7 B	action :	302 of	ERIBA?		Yes 3	No
	rama in translation and design and design and design an applicable.)		L	1						iae miline	a
	if a waiver of the minimum funding standard for a prior year is paing amonized in the					, Billi	Day Day	ie date o	Year		<b></b>
lf.	vou completed line 12a, complete lines 3, 9, and 10 of Schadule Mi	₽ (katw aprin	MI.	INKIH TO IIIIN 141		P**		· 1		-,	<del>,,</del>
þ	Enter the minimum required contribution for this plan year	*****	*****		.,,	····  -	12b				
c	Enter the amount contributed by the employer to the plan for this plan	yaar	h + 4+ 4 24 -			"" <b> </b> -	120				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)		*****	**************************************	,		12d	Yes	Пи	. П	N/A
<b>ि</b> जिल्लाम्बर्ग	Will the minimum funding amount reported on line 12d be met by the i	rinding deadle	a7.,		*******	**********		100		<del></del>	
Partivil Plan Terminations and Transfers of Assets									<u> </u>	Yes	No
138 Has a resolution to terminate the plan been adopted during the plan year or any price		yes	IT mannenener	F44 + 1 P + 2 1 1		13a	<u> </u>			Ω	
If "Yes," enter the amount of any plan sasets that reverted to the employer this year  D Were all the plan sasets distributed to participants or beneficiaries, transferred to ar			ther	plan, or brought	unde	rthe c				C	<del></del>
	of the PBGC?	T 1146 34	48846462144604x00x00x044499	,,,,,,,,,,		******		Ц	Yos [	⊈ No	
which assate or liabilities ware transferred. (See instructions.)			13c(2) EIN(s) 13c(3) PN(a)								N(a)
13c(1) Name of plan(s):		_			1,5	10(2)	114(19)				
All June 1 and the second will be a second			unione responsibility		ues le	ontab	lishad.			<del></del>	
Caution: A penalty for the late or incomplete filling of this return/report will be asset Under penalties of parjury and other penalties set forth in the instructions, I declare that I SB or Schedule MB completed and signed by an enrolled actuary, as well as the electron								licable, e ny know	a Schad	iule nd	
pe []	of, it is true, correct, and complete.	to-12-17		THOMAS A	PALC	ò		····		~	
118.0	BIGNIE Streeture of plan activities trace Date			Enter name of individual signing as plan administrator							
	Signature of plan administrator			जाराना सम्बाह्य छ।	والتناس	444			<u> </u>		
86	55	Date		Enter name of	indivie	iuai sid	onina s	s emplo	yer or pli	an spon	BOL
I III	Signature of employer/plan aponsor	Helin	┣	A THE CO.		الفتحندن		كرابد الفصه ب			