	Form 5500-SF			Report of Small Emplo	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service		Benefit	C PIAN ctions 104 and 4065 of the Employe	e	2010				
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	Act of 1974	(ERISA), and section 6058(a) of the Code (the Code).	This Form is Open to Public					
P	ension Benefit Guaranty Corporation			n the instructions to the Form 550	Inspection					
		entification Information								
For	calendar plan year 2010 or fisca	7	0	and ending	2/31/2	2010				
Α .	This return/report is for:	single-employer plan	•	mployer plan (not multiemployer)		one-participant plan				
B	This return/report is for:	first return/report	final retur	•						
		an amended return/report	short plar	year return/report (less than 12 mc	nths)	_				
C	Check box if filing under:	Form 5558		extension		DFVC program				
		special extension (enter descriptio	,							
-		nation—enter all requested information	ation		16	Thursday diata				
	Name of plan	ALANCE PLAN & TRUST				Three-digit plan number				
2,10						(PN) ► 003				
					1c	Effective date of plan 01/01/2007				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 11-3198990				
	E MAIN STREET				2c	Plan sponsor's telephone number 631-727-2100				
	RHEAD, NY 11901				2d	Business code (see instructions) 621399				
3a	Plan administrator's name and a FEND CARDIOLOGY, PC	address (if same as Plan sponsor, e 1279 E MAIN		3")	3b	Administrator's EIN 11-3198990				
L/ (O		RIVERHEAD		1	3c Administrator's telephone					
4	f the name and/or FIN of the pla	n sponsor has changed since the las	st return/re	port filed for this plan enter the	4h	631-727-2100 EIN				
		r from the last return/report. Sponso								
	Total construction of a sufficiency of	des texts in a fide state of the			-	PN 10				
		the beginning of the plan year				42				
b C		the end of the plan year th account balances as of the end of			5b	0				
				· ·	5c					
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	le assets?	(See instructions.)		Yes 🗌 No				
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes No				
		er 6a or 6b, the plan cannot use Fo		,						
Pa	rt III Financial Informa									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
a	•		. 7a	46543		0				
b	1				0	0				
<u> </u>		b from line 7a)	7c	46543	5	0				
8 a	Income, Expenses, and Transf Contributions received or received			(a) Amount		(b) Total				
a			8a(1)		D					
	(2) Participants		8a(2)		0					
	(3) Others (including rollovers)		8a(3)		D					
b	· · · ·			-2667	4	00071				
C d		Ba(2), 8a(3), and 8b)	8c			-26674				
d		ollovers and insurance premiums	8d	43876	1					
е	1 ,	ive distributions (see instructions)	8e		0					
f	Administrative service provider	s (salaries, fees, commissions)	. 8f		0					
g	Other expenses		8g		D					
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			438761				
i		8h from line 8c)				-465435				
j	Transfers to (from) the plan (se	e instructions)	8j		0					

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: 1A 1C 1I 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	Du	ring the plan year:		Yes	No		Am	ount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		Х				
С	W	as the plan covered by a fidelity bond?	10c	Х					400000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х				
е	ins	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		х				
f	На	s the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h						
i		0h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
lf y b c d e	(If " If a gra you Ent Ent Sul nec	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- ming the waiver	th of a	and e	nter th Day 12b 12c 12d	ne date	of the le		ing N/A
Part	VII	Plan Terminations and Transfers of Assets					N	-	<u> </u>
13a		s a resolution to terminate the plan been adopted during the plan year or any prior year?			 13a		×	Yes	No 0
b	We	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	under	the co		I	×	Yes	□ 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.) 									
1	3c(1) Name of plan(s):		13c(2) EIN(s) 13c(3) F			PN(s)		
Court		A negative for the late or incomplete filing of this return/report will be accessed upless research			aatab	la la a d			

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/30/2011	WILLIAM CLEMANS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

0 -10										
	Form 5500-SF	1001 2010 W 10 M 10100 F0	leturn/ Benefit	Report of Small Emplo	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service	This form is required to be file	d under se	ctions 104 and 4065 of the Employe	2	010				
Er	Department of Labor nployee Benefits Security Administration			(ERISA), and section 6058(a) of the ode (the Code).	This Form is Open to Public Inspection					
P	ension Benefit Guaranty Corporation		dance wit	h the instructions to the Form 550	0-SF.	1113				
		lentification Information	01/01/2	010 and ending		12/31/201	0			
	calendar plan year 2010 or fisca	X single-employer plan		mployer plan (not multiemployer)						
	rilla terentitebole la tot. E	first return/report X								
В	This return/report Is for:	an amended return/report		n year return/report (less than 12 mo	nthe)					
•		Y Form 5558		> extension	nnəy	DFVC program				
G	Check box if filing under:	special extension (enter description		CARE HOLD						
De	nt II Basic Plan Inform	nation—enter all requested inform								
Line and the second sec	Name of plan	Hatton enter an requested inform	ation		1b	Three-digit				
, u	EAST END CARDIOLOGY	CASH BALANCE PLAN &	TRUST			plan number				
					4.0	(PN) > 003 1c Effective date of plan				
					10	01/01/2007	pian '			
2a	Plan sponsor's name and addre EAST END CARDIOLOGY	ess (employer, if for single-employer	plan)		2b	Employer Identif (EIN) 11-319				
				·	2c	Plan sponsor's to (631) 727-2	elephone number			
	1279 E MAIN STREET				2d	Business code (s				
	RIVERHEAD		nter "Com	NY 11901	2h	621399 Administrator's E				
১৪	SAME	address (if same as Plan sponsor, e	Inel Odili	= /						
				n ()	3c	Administrator's te	elephone number			
4 1	f the name and/or EIN of the pla	in sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN				
Į	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		Ac	PN	· · · · · · · · · · · · · · · · · · ·			
5a	Total number of participants at	the beginning of the plan year			5a		42			
b		the end of the plan year			5b		0			
		ith account balances as of the end o								
	complete this item)				5c		<u> </u>			
		luring the plan year invested in eligib		(See instructions.) ndent qualified public accountant (IC			X Yes No			
Q	under 29 CFR 2520.104-46? (See Instructions on waiver eligibility	and condit	ions.)	ι۳Α) 		X Yes 🗌 No			
(orm 5500-	SF and must instead use Form 55	00.					
	rt III Financial Informa	ation	-							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year 0			
a b	And a state of the second seco		. 7a . 7b	465,43	0		0			
c c	123	'b from line 7a)	70	465,43	15		0			
8	Income, Expenses, and Transf			(a) Amount		(b) T				
17.00	Contributions received or recei	vable from:				<u> </u>				
			. 8a(1)		0					
			8a(2)		0					
ъ	Press a real ports while the constraints roughly a)	1	100 004	U v					
				(26,674			126 6741			
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums					(26,674)			
4			8d	438,76	1					
е	Certain deemed and/or correct	lve distributions (see instructions)	8e		0					
f	by several second seco second second sec	rs (salaries, fees, commissions)			0					
g					0					
h		Be, 8f, and 8g)					438,761			
i		e 8h from line 8c)					(465,435)			
J	ransters to (from) the plan (se	ee instructions)	8j		0					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF.

Page 2-

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	5.
	1A	1C	1I :	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:		_		Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducia		10a		X						
b	Were there any nonexempt transactions with any party-in-interest? (E on line 10a.)		10b		x				-		
С	Was the plan covered by a fidelity bond?		10c	X				4	00,	000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?		10d		X						
е	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.)		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	f year end.)		10g		х					
h	If this Is an individual account plan, was there a blackout period? (See 2520.101-3.)			10h							
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3.			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements 5500))							Г	Yes	x	No
12	Is this a defined contribution plan subject to the minimum funding req	uirements of section	on 412 of the Code o	or se	ction 3	302 of	ERISA?		Yes	; X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable								8	_	
	If a walver of the minimum funding standard for a prior year is being a granting the walver.		Month	ions, 1	and e	nter th Day	e date of	the le Yea	tter ri r	uiing	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M	20 D			Г		1	-			
	Enter the minimum required contribution for this plan year			12b							
	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a min	us sign to the left o	fa	- -	12c 12d					
P	Will the minimum funding amount reported on line 12d be met by the f				· •		Yes		No		V/A
Part		randing decentre t.	******			<u></u>	100	<u> </u>			
								57			
134	Has a resolution to terminate the plan been adopted during the plan yo					13a		X	Yes		No
h	If "Yes," enter the amount of any plan assets that reverted to the empl Were all the plan assets distributed to participants or beneficiaries, tra										0
	of the PBGC?				••••••			X	Yes		No
С	which assets or liabilities were transferred. (See instructions.)	unis plan to another	plan(s), identity the) pian	(S) 10						
1	3c(1) Name of plan(s):				13c(2) EIN(s) 13c(3) F) PN	(s)
				-							
Cauti	on: A penalty for the late or incomplete filing of this return/report	will be assessed i	unless reasonable	cau	se is r	establi	shed	İ			<u>.</u>
Under	penalties of perjury and other penalties set forth in the instructions, I c	declare that I have	examined this return	n/rep	ort. in	cluding	, if applica	abie.	a Sch	edul	e
SB or	Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	s the electronic ver	sion of this return/re	eport,	and to	o the b	est of my	know	ledge	and	
SIGN	WWW THAT	9-27-11	THOMAS A FA	LCO							
HERE		Date	Enter name of ind	of individual signing as plan administrator							
SIGN		······································									
HERE	Signature of employer/plan sponsor	Enter name of ind	ividua	al sign	ing as	employer	or pl	an sp	onso	r	