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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance witl	n the instructions to the Form 5500)-SF.		'	
P	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2012	2	and ending 0	3/31/2	012		
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ī	a one-particip	ant plan	
			eturn/report	L			
Ь			·				
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)			
С	Check box if filing under: Form 5558	automatic	extension		DFVC program	m	
	special extension (enter descriptio	n)					
D:	art II Basic Plan Information—enter all requested informa	ntion					
	·	alion		1h	Three-digit		
	Name of plan G ISLAND CARDIOLOGY ASSOCIATES, LLP 401K PROFIT SHARI	ING DI ANI			plan number		
LOIN	SISEAND CARDIOLOGI ASSOCIATES, ELI 4011(111/OFIT SHARI	INO I LAIN			(PN) ▶	001	
					Effective date of		
					01/01/		
2a	Plan sponsor's name and address; include room or suite number (er	mplover if	for a single-employer plan)	2h	Employer Identifi		or
	G ISLAND CARDIOLOGY ASSOCIATES, LLP	inployer, ii	Tor a single employer plant		(EIN) 11-343)CI
				20	Sponsor's teleph	ione number	
	SILLS ROAD, BUILDING 14 FPATCHOGUE, NY 11772			24	Business code (s	no instructio	no)
LAG	TATOHOOOL, NT TITTE			Zu	62111		115)
20	Diagrams in interest and and an analysis are a superior and and an analysis are a superior and a superior analysis are a superior and a superi	-t "C	.23	2h			
Ja LON	Plan administrator's name and address (if same as plan sponsor, er G ISLAND CARDIOLOGY ASSOCIATES, LLP 285 SILLS RO			30	Administrator's E 11-34		
	EAST PATCH			3c	Administrator's to		mher
					, tarriirii otrator o t	Diopriorio riai	11001
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report.		' '				
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			4
b	Total number of participants at the end of the plan year			5b			(
			•	30			
С	Number of participants with account balances as of the end of the p complete this item)	• '	•	5c			(
62	Were all of the plan's assets during the plan year invested in eligible					X Yes	No
b	Are you claiming a waiver of the annual examination and report of a		'		••••••	A 103	
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		,				_
Pa	rrt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Voor	
· .		_	(a) Beginning of Tear 311078		(b) Ella		0
a	Total plan assets	7a		+			
b	Total plan liabilities	7b	0	+			0
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	311078				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		0				
	(1) Employers	. 8a(1)					
	(2) Participants	8a(2)	0				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	. 8b	16028				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				16028	8
d	Benefits paid (including direct rollovers and insurance premiums	1 30					
u	to provide benefits)	8d	327106				
е	Certain deemed and/or corrective distributions (see instructions)	8e	0				
f	Administrative service providers (salaries, fees, commissions)	8f	0				
	, , , , , , , , , , , , , , , , , , , ,		0				
g	Other expenses		U			00=1=	0
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				32710	
i	Net income (loss) (subtract line 8h from line 8c)	8i				-311078	8
j	Transfers to (from) the plan (see instructions)	8j	0				

Form 5500	0 CE 2011

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Part IV	Plan	Characteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 3B 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

The state of the plan year: During the plan year:			Yes	No		Amou	nt
a Was there a failure to transmit to the plan any participant contributions within the time period d	lescribed in					Ailloui	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		10a		X			
Were there any nonexempt transactions with any party-in-interest? (Do not include transaction	ns reported			X			
on line 10a.)	1	10b					
Was the plan covered by a fidelity bond?	1	10c		X			
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was cause or dishonesty?		10d		X			
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance of insurance service or other organization that provides some or all of the benefits under the plan instructions.)	n? (See	10e		X			
Has the plan failed to provide any benefit when due under the plan?		10f		X			
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	1	10g		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFF 2520.101-3.)		10h		Х			
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		10i					
rt VI Pension Funding Compliance	•						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction	ons and compl	lete S	Sched	ule SB (I	orm=		
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction 5500))							∕es X N
	<u></u>						∕es X N ∕es X N
5500))	<u></u>						
Is this a defined contribution plan subject to the minimum funding requirements of section 412 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year	of the Code c	or sections,	etion 3		RISA?	the lette	∕es X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver.	r, see instructi	or sections,	etion 3		RISA?	the lette	∕es X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver. Tyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip	r, see instructi 	or sections,	and e	002 of EF	RISA?	the lette	∕es X N
ls this a defined contribution plan subject to the minimum funding requirements of section 412 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip	r, see instructi 	or sections,	and e		RISA?	the lette	∕es X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip Enter the minimum required contribution for this plan year.	r, see instructi Month o to line 13.	ions,	and e	002 of EF	RISA?	the lette	∕es X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	r, see instructi Month o to line 13.	ions,	and e	nter the Day	RISA?	the lette	∕es X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sig negative amount)	r, see instruction Month to to line 13.	ions,	and e	nter the Day	RISA?	the lette	∕es X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip and the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sig negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	r, see instruction Month to to line 13.	ions,	and e	nter the Day	RISA?	the lette Year _	r ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip in the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sig negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	r, see instructi Month o to line 13.	ions,	and e	nter the Day	RISA? date of	the lette Year _	r ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip is the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sig negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?. Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	r, see instruction	ions,	and e	nter the Day	RISA? date of	the lette	r ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip Denter the minimum required contribution for this plan year. If Enter the amount contributed by the employer to the plan for this plan year. If Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sig negative amount). If Will the minimum funding amount reported on line 12d be met by the funding deadline?	r, see instructi	ions, f a	and e	nter the Day	RISA? date of	the lette Year _	r ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip Denter the minimum required contribution for this plan year. If Enter the amount contributed by the employer to the plan for this plan year. If Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sig negative amount). If Will the minimum funding amount reported on line 12d be met by the funding deadline?	r, see instructi	f a	and e	nter the Day	RISA? date of	the lette Year _	r ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip Denter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sig negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year	r, see instructi	f a	and e	nter the Day	Yes	the lette Year _	r ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip Denter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sig negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(swhich assets or liabilities were transferred. (See instructions.)	r, see instructi	f a	and e	nter the Day	Yes	the lette Year _	r ruling N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/30/2012	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

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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

ŀ	Complete all entries in accord	dance wit	h the Instructions to the Form 5500)-SF.		
	art I Annual Report Identification Information					
For		1/01/2	012 and ending		03/31/203	12
Α	This return/report is for: 🗵 a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-partici	pant plan
В	This return/report is: $oxedsymbol{\square}$ the first return/report $oxedsymbol{\overline{X}}$	the final r	eturn/report			
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)		
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	am
	special extension (enter descriptio	on)				
Pa	art II Basic Plan Information—enter all requested informa	ation				
1a	Name of plan		A CONTRACTOR OF THE CONTRACTOR	1b	Three-digit	
	LONG ISLAND CARDIOLOGY ASSOCIATES, LLP				plan number	0.01
	401k PROFIT SHARING PLAN		}	10	(PN) •	001
					Effective date o 01/01/199:	
2a	Plan sponsor's name and address; include room or suite number (el	mplover, if	for a single-employer plan)	2b	Employer Identi	fication Number
	LONG ISLAND CARDIOLOGY ASSOCIATES,	, , ,	7		(EIN) 11-343	3397
	LLP			2c	Sponsor's telep	hone number
	285 SILLS ROAD, BUILDING 14					
	·			2d	Business code (621111	see instructions)
20	EAST PATCHOGUE Plan administrator's name and address (if same as plan sponsor, er	-4 #D	NY 11772	2 h		
Ja	Plan administrator's name and address (it same as plan sponsor, er SAME	ner Same	,	30	Administrator's l	ΞIN
			Ì	3с	Administrator's t	telephone number
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN	
a	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		4
b	Total number of participants at the end of the plan year	************		5b		C
C	Number of participants with account balances as of the end of the p					
	complete this item)			5c		C
_	Were all of the plan's assets during the plan year invested in eligible		•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X Yes No
D	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	an indeper and conditi	ident qualified public accountant (IQF ions.)	PA)		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo					ll
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
a	Total plan assets	7a	311,07	8		0
b	Total plan llabilities	7b		<u> </u>		C
	Net plan assets (subtract line 7b from line 7a)	7c	311,07	8		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
a	Contributions received or receivable from: (1) Employers	8a(1)		ol:		
	(2) Participants	8a(2)		ol o		
	(3) Others (including rollovers)	8a(3)		d		
b	Other income (loss)	8b	16,02	8		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				**************************************	16,028
d	Benefits paid (including direct rollovers and insurance premiums		**************************************			
	to provide benefits)	8d	327,10	6		
e	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f		U a		
g	Other expenses	8g		<u> </u>		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Remarks the second seco	-		327,106
i :	Net income (loss) (subtract line 8h from line 8c)					(311,078)
J	Transfers to (from) the plan (see instructions)	8j		이		

Page	2	_	Γ

Part IV	Plan	Characteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 3B 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		Α	mount	
а	Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?	***************		10c		X				
d	or dishonesty?									
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	the benefits under th	ie plan? (See	10e	•	Х				
f	Has the plan failed to provide any benefit when due under the plan?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**********	10f	ľ	Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	***************	10g		Х	1			
h	If this is an individual account plan, was there a blackout period? (Se 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 2520.101-3			10i						
Part '	VI Pension Funding Compliance								.	
	Is this a defined benefit plan subject to minimum funding requiremer 5500))								Yes	i 🗵 No
12	Is this a defined contribution plan subject to the minimum funding re	equirements of section	on 412 of the Code	or se	ction 3	302 of	ERISA	?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicat									
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this pia	ın year, see instruc Mont	xions, th	anα e	enter ti Day	ne date	or the	ietter ri ear	lling
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule l						1			
	Enter the minimum required contribution for this plan year				_	12b				
	Enter the amount contributed by the employer to the plan for this pla				_	12c	ļ			
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	•	-	*******	_	12đ				
	Will the minimum funding amount reported on line 12d be met by the	funding deadline?		*******	********		Ye	s	No	N/A
Part '	/II Plan Terminations and Transfers of Assets									
	Has a resolution to terminate the plan been adopted in any plan year?					X,	Yes	No		
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year		1	3a					0
	Were all the plan assets distributed to participants or beneficiaries, troof the PBGC?	•••••••••				****			X Yes	No
	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	r plan(s), identify th	e plai	n(s) to					
13	c(1) Name of plan(s):			<u> </u>	13	c(2) E	IN(s)		13c(3) PN(s)
Coud	A populty for the late or legans late filler of the	ut will be seened	unlana		- I-	4-1	llade: 1			
	on: A penalty for the late or incomplete filing of this return/report penalties of perjury and other penalties set forth in the instructions,						·····	nlianhl	. a Cal	
SB or	Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	as the electronic ver	sion of this return/r	report	, and t	to the	best of	my kni	e, a Sci owledge	e and
0100	The self how total	0/18/11	DR. JAMES S	SEME	RTZ	IDES		·		· · · · · ·]
SIGN		Date	Enter name of in					admini	stretor	
	Signatury of plan dominiquator	wa.co	Eurot Hama Of Ith	aiviuu	iai əlyl	mry d	o higii i	aummili	ou a IV!	
SIGN		Date	Enter name of !-	dista	iol ole	nlna -	D 0221		nlon =	ones
	Signature of employer/plan sponsor	Date	Enter name of in	uivial	ıaı siği	⊞ny a	s empl	Jy or or	pian s.	OUROL