Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form Benefits Guaranty Corporation Internal Revenue Code (the Code). Internal Revenue Code (the Code). Internal Revenue Code (the Code).	OMB Nos. 1210-0110 1210-0089				
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form Benefits Security Administration Internal Revenue Code (the Code). Internal Revenue Code (the Code). Internal Revenue Code (the Code).	2011				
	SA), and sections 6057(b) and 6058(a) of				
Complete all entries in accordance with the instructions to the Form 5500-SF.	spection				
Part I Annual Report Identification Information					
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011					
A This return/report is for:	ipant plan				
B This return/report is:					
an amended return/report a short plan year return/report (less than 12 months)					
C Check box if filing under:	am				
special extension (enter description)					
Part II Basic Plan Information—enter all requested information	1				
1a Name of plan 1b Three-digit COMMUNITY CARDIOLOGY PC PROFIT SHARING PLAN plan number					
COMMUNITY CARDIOLOGY PC PROFIT SHARING PLAN plan number (PN)	001				
1c Effective date of	of plan				
01/0	1/1982				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Ident (EIN) 2b COMMUNITY CARDIOLOGY PC 11-29	tification Number 965948				
800 COMMUNITY DRIVE 2C Sponsor's telep 516-62	phone number 27-6622				
MANHASSET, NY 11030-3821 2d Business code 6211					
	965948				
SC Administrators	telephone number 27-6622				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					
a Sponsor's name 4c PN					
5a Total number of participants at the beginning of the plan year	1				
b Total number of participants at the end of the plan year	1				
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	1				
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No				
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	X Yes 🗌 No				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.					
Part III Financial Information					
7 Plan Assets and Liabilities (a) Beginning of Year (b) End	d of Year				
a Total plan assets	894				
b Total plan liabilities					
C Net plan assets (subtract line 7b from line 7a) 7c 3497	894				
	Total				
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b)					
a Contributions received or receivable from:					
a Contributions received or receivable from: (1) Employers					
a Contributions received or receivable from: 0 (1) Employers 8a(1) (2) Participants 0					
a Contributions received or receivable from: 0 (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3)					
a Contributions received or receivable from: 0 (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 8b	33				
a Contributions received or receivable from: 0 (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 8b C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums 1126	33				
a Contributions received or receivable from: 0 (1) Employers 0 (2) Participants 8a(1) (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 33 33 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums 8c	33				
a Contributions received or receivable from: 0 (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 8b C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d	33				
a Contributions received or receivable from: 0 (1) Employers 0 (2) Participants 8a(1) (3) Others (including rollovers) 8a(2) (3) Others (including rollovers) 8a(3) (4) Determine (loss) 8b (5) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (5) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d (5) Certain deemed and/or corrective distributions (see instructions) 8e 0 (6) Administrative service providers (salaries, fees, commissions) 8f 0	33				
a Contributions received or receivable from: 0 (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 8b Contributions direct rollovers and insurance premiums to provide benefits) 8c c Certain deemed and/or corrective distributions (see instructions) 8e 6 Administrative service providers (salaries, fees, commissions) 8f	33				
a Contributions received or receivable from: 0 (1) Employers 8a(1) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 33 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 1136 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 8g 1500					

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

Form 5500-SF (2011) v.012611

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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 2K 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	D	uring the plan year:		Yes	No	A	moun	nt	
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported h line 10a.)	10b		x				
С	V	/as the plan covered by a fidelity bond?	10c		Х				
d									
е	in	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		x				
f	Ha	as the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		х				
i		10h was answered "Yes," check the box if you either provided the required notice or one of the cceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (00))					Y	es	No
lf y b	lf a gra you Er	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct anting the waiver	th	 [ng
d	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)								
е	W	ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
Part	VI	Plan Terminations and Transfers of Assets							
13a	Ha	as a resolution to terminate the plan been adopted in any plan year?			XY	′es No			
	lf '	"Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					0
	of	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?					Y	'es	X No
С		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th nich assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to)		I		
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	130	:(3) F	PN(s)
Caut	ion	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	ished.			

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.	10/08/2012	MEREDITA PRADA
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	Short Form Annual Return/Report of Small Employee						%B N28, 1246-0110 1210-0369	
Departmint for The Many Laurai Renerae Sendor	Benefit Plan This form is required to be Red ander sections 104 and 4005 of the Employee				2011			
Department (Lattor Strady Ready Latter Latter	Retirement Income Security Act of 1974 (ERISA), and toos of the Employee the Internal Revenue Code (the Code).						Open to Public section	•
Pension Bearly Guaranty Corporation	E Complete all entries in acco	adance with	the instructions in l	he Form 5500-S	F.			-
Part I Annual Report I For calendar plan year 2011 or Tis	dentification Information	01/01/2		ending		127317201	1	-
-	R a single-encyloyer plan		employer plan (not m		ĩ	sons-perior		*
A This reserviceport is for: B This reserviceport is:	the first relum/seport	4	milligeðar hæn fræm.	a nearly a bear b	Į.	a mu brené		
8 This return laport is:	an amended returningport	d	n year rebrinkeport (k	es than \$7 even	bsit			
C Check box if filing and an	Ferm 5558	e i i i i i i i i i i i i i i i i i i i	extension			DFvC progra	75.	
o creat our e leng shart.	Li special extension ferter descript		C. B.		l	1		
Part II Basic Plan Info	Mistion-enter all requested bion							-
fat Name of plan				1	Ь	Three-digit	······································	-
COMMONITY CARDIOLC	IEY FC					beer until per	641	
PROPIT SHARING PLA	11			-		(PH) 🕨 . Effective state st	001	
				1		01/01/1982		
2a Pian sponsor's name and add COMMUNITY CARDIOLO	liese; încluie norm or seite musiber ; XIV – PC	(सार्व्यत्रथ, il	sevolorna aloria e rot	plan) 2		Employer identi (EIN) 11-296	icelian Number 5948	
				2		Sponser's telep (51.6) 627-		
eoo cxrainity oriv Manhasset	Ϋ́Ε.		NY 11030		ld i	Business code (621111	see instantions)	~
30 Para sensitistator's name an	d address (ö same as plan sporaor,	enler 'Same			₹b .	Administration's I	의야 제단	
Same					lc ,	Avfanên Istra ka 'e l	eleptione number	-
4 is she same answer EIN of the	plan sponsor has changed since the	n šast naturali	enor Election list of	erteriba d	łb	1505		
	when them the fast returnineport.		appleates to the pre-					****
a Secusor's hame	· · · · · · · · · · · · · · · · · · ·			~~~~ <u>~</u> ~~~	lc	Pté		
, -	et the beginning of the plan year			تستع	58		····· ··· ······ ·····················	1
	al the end of the place year				5b			1
	costant balances as of the and of life				5c			1
	during the plan year invested in elig						Yes No	 >
b Ave you claimby a water of	the annual exercise in and record o	≴an incepev	cisal quellied peòxic a	eccentaril (ICPA				
	(See influctions on waiver eligibili					*******	🕅 Yes 🗍 No	2
Part III Financial Inform	<u>her Ea or 60, the plan cannot ase</u> Nation	FOT24 5580-	SF and must inspead	fier foild foch	<u>.</u>			
7 Plan Assets and Lizbilies			(a) Begelandia	c of Year	[ibi End	of Yest	
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•						·····		
C Nel plan assets (subiract line	76 (aan line 7a)	7c		3,49)	·		89	ii j
8 Income, Expenses, and Tran	slers for this Plan Year		(a) Auzoo	ent		[b]	lolai	
a Contributions received at rec		A. (14)		G				
	وی در این می از با این این این این این این این این این ای		····	E				
• •	s)				ł			
•••				33	ŧ			
•	, 8a(2), 8a(3), and 8b)	3			<u>[</u>		3	13
	t religies and insurance premiums				[-
to provide benefits)	1924 I S 4 1974 D 4 4 1994 D 4 4 1994 D 4 19 19 19 19 19 19 19 19 19 19 19 19 19	<u>Bt</u>		1,136	Į			
	ese districtions (see instructions).	1		یا م	l			
	ers (salaries, lees, commissions)	1		1,500	I			
				۲۵۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۱۹۹۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰	ŧ	****	2,63	16
	l, 60, 61, and 8g) se Bh from Ene Brà		<u> </u>		E		(2,603	-
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Form 5500-SF 2011

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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: 2A 2E 2F 2G 2J 2K 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

га									_
10	During the plan year:			Yes	No	A	mount		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducia)			x					
þ	Were there any nonexempt transactions with any party-in-interest? (Con line 10a.)	ctions reported		x					
C	n in				X		<u> </u>		
d	or dishonesty?				x			<u>.</u> .	
e	Were any fees or commissions paid to any brokers, agonts, or other insurance service or other organization that provides some or all of th instructions.)	plan? (See		x					
f	Has the plan failed to provide any benefit when due under the plan? .		101		х				
g	Did the plan have any participant leans? (if 'Yes," enter emount as of	í year end.)			Х				
h	If this is an individual account plan, was there a blackout period? (Sec. 2520.101-3.)				x				
i	If 10h was answered "Yes," check the box if you either provided the r exceptions to providing the notice applied under 29 CFR 2520.101-3.								
Part	VI Pension Funding Compliance	<u>a</u>							
11	Is this a defined benefit plan subject to minimum funding requirement 5500)]						Yes	N N	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding rec						Yos	ΧN	0
	(If "Yes," complete 12e or 12b, 12c, 12d, and 12e below, as applicabl								
a	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	amortized in this plan	year, see instructions	i, and i	enter ti Dav	he date of the	e letter ru Gear	iling	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule M			_	,	······································			
đ	Enter the minimum required contribution for this plan year	*****	******		125				
с	c Enter the amount contributed by the employer to the plan for this plan year								
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)			[12d				
e	Will the minimum funding amount reported on line 12d be met by the	funding deadline?				Yes	No	N/A	١.
Раг	VII Plan Terminations and Transfers of Assets								
138	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 emp	loyer this year		13a					0
þ	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?						Yes	N 🛛	lo
C	If during this plan year, any assots or llabilities were transferred from which assets or llabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the pli	an(s) t	o.		, ,		
	13c(1) Name of plan(s):			1	3c(2) E	IN(s)	<u>13c(3</u>) PN(s)
Cau	tion: A penalty for the late or incomplete filing of this return/repon	t will be assessed I	niess reasonable ca	use is	estat	lished.			
SB	er penalties of porjury and other penalties set forth in the instructions, it or Schedule MB completed and signed by an enrolled actuary, as well a st, it is true, correct, and complete.								
SIG	N Jacon M/	10/5/2012	GEORGE GOLDMA	N					
HE		Date	Enter name of Individ	jual el	gning e	as plan admir	ilstrator		
SIG	N					04			

Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor