	Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe				2011					
En	Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058           Employee Benefits Security Administration         the Internal Revenue Code (the Code).					(a) of This Form is Open to Public					
P	Pension Benefit Guaranty Corporation       Inspection         Inspection       Complete all entries in accordance with the instructions to the Form 5500-SF.										
	Part I Annual Report Identification Information										
-	For calendar plan year 2011 or fiscal plan year beginning       01/01/2012       and ending       10/31/2012         A This return/report is for:       X a single-employer plan       I a multiple-employer plan (not multiemployer)       II a one-participant plan										
		-employer plan (not multiemployer) eturn/report		a one-participa	ant plan						
В -	This return/report is:										
_		an amended return/report		in year return/report (less than 12 m	onths)	—					
C	Check box if filing under:	Form 5558	1	extension		DFVC program	n				
special extension (enter description)											
		nation—enter all requested inform	ation		16	Thuse disit					
	Name of plan MUNITY CARDIOLOGY PC PR	OFIT SHARING PLAN			ai	Three-digit plan number					
00101						(PN) 🕨	001				
					1c	Effective date of 01/01/1	•				
	Plan sponsor's name and addre MUNITY CARDIOLOGY PC	ess; include room or suite number (e	employer, if	for a single-employer plan)	2b	Employer Identifie (EIN) 11-296					
000.0					2c	Sponsor's teleph 516-627					
	COMMUNITY DRIVE HASSET, NY 11030-3821				2d	Business code (s 621111					
	Plan administrator's name and MUNITY CARDIOLOGY PC	address (if same as plan sponsor, e 800 COMMU	INITY DRIV	É.	3b	Administrator's E 11-296					
MANHASSET				0-3821	3c	Administrator's te 516-627-					
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.				report filed for this plan, enter the	4b	4b EIN					
а	Sponsor's name	er nom me last return/report.			4c	PN					
	•	the beginning of the plan year			5a		0				
b	Total number of participants at	the end of the plan year		5b		0					
С		count balances as of the end of the			5c		0				
6a	Were all of the plan's assets d	luring the plan year invested in eligib	le assets?	(See instructions.)			X Yes 🗌 No				
b											
				SF and must instead use Form 55							
Pa	rt III Financial Informa				-						
7	Plan Assets and Liabilities			(a) Beginning of Year	(b) End of Year						
а	Total plan assets		. 7a	894			0				
b	•										
	•	'b from line 7a)	. 7c	894	0						
8	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) To	otal				
а			. 8a(1)	0							
	(2) Participants		. 8a(2)	0							
	(3) Others (including rollovers)	)	. 8a(3)	0							
b	Other income (loss)		. 8b	28							
c		8a(2), 8a(3), and 8b)	. 8c		_		28				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)				822							
<ul> <li>Certain deemed and/or corrective distributions (see instructions)</li> </ul>			. 8d . 8e	0							
f Administrative service providers (salaries, fees, commissions)				0							
g	•	······		100							
h		8e, 8f, and 8g)					922				
i	Net income (loss) (subtract line	e 8h from line 8c)	. <b>8i</b>		-894						
j	Transfers 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.

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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		Am	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				x				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				x				
С	V	/as the plan covered by a fidelity bond?	10c		Х				
d		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	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 i20.101-3.)	10h		х				
i		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions 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))					[	Yes	No
lf y b c	(If If a gra <b>/ou</b> Er Er	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.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- anting the waiver	ctions, th	and e	enter th	ne date o	f the le		
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)			12d				
е	W	Il the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	<u> </u>	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?			X	/es	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						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	)				
13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3			13c(3)	PN(s)
Caut	on	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	lished.	la a li li	- 0-1	ماريام

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.	12/10/2012	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

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Form 5500-SF Short Form Annual Return/Report of Small Employ					OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internet Revenue Service This form to province to be Rind under sections 104 and 4085 of the Empirica					20	D11			
Department of Labor Employee Benefits Scoutty Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).					This Form is	Open to Public action			
Pension Bonefit Guerenty Corporation Complete all entries in accordance with the Instructions to the Form 5500-SF.									
For calendar plan year 2011 or fis		1701/20	)12 and ending		10/31/201	2			
A This return/report is for;			employer plan (not multiemployer)		a one-particip	ant plan			
B This return/report is:		-	turn/report	1	<b></b>				
			n year return/report (less than 12 mo	onths)					
C Check box if filing under:			axtension		DFVC program	ή			
	special extension (enter description	n)			_				
Part II   Basic Plan Info	mation-enter all requested informa								
1a Name of plan				1b	Three-digit				
COMMUNITY CARDIOLO	DGY PC				plan number (PN)	001			
PROFIT SHARING PLA	AN			1c	Effective date of				
					01/01/1982				
	tress; include room or suite number (er	nployer, if	for a single-employer plan)	2b	Employer Identifi	ication Number 5948			
COMMUNITY CARDIOLO	GI PC			2c	(EIN) 11-2965948 Sponsor's telephone number (516) 627-6622				
800 COMMUNITY DRIV	Æ		NY 11030-3821	2d	Business code (see instructions) 621111				
MANHASSET 39. Plan administrator's name and	d addross (if same as plan sponsor, en	ter "Same		3b	Administrator's EIN				
SAME			•						
				30	Administrator's t	elephone number			
4 If the name and/or EIN of the	plan sponsor has changed since the la	ast return/r	eport filed for this plan, enter the	4b	EIN				
name, EIN, and the plan num	ber from the last return/report.		•	4c		· · · · · · · · · · · · · · · · · · ·			
a Sponsor's name									
, ,	at the beginning of the plan year			<u>5a</u>	_	. 0			
	at the end of the plan year			<u>5b</u>		0			
	account balances as of the end of the p	•		5c		0			
	during the plan year invested in eligibl			,		X Yes No			
b Are you claiming a waiver of	the annual examination and report of a	in Indeper	dent qualified public accountant (IQ	PA)		X Yes No			
	? (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use Fo				************				
Part III Financial Inform									
7 Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year			
a Total plan assets	****	7a	89	94		0			
b Total plan liabilities	a	7b							
C Net plan assets (subtract line	2 7b from line 7a)	7c	89	94		0			
8 Income, Expenses, and Tran			(a) Amount		(b) 1	lotal			
<ul> <li>Contributions received or rec</li> <li>(1) Employers</li> </ul>	eivable from:	8a(1)		0		1			
	***************************************			0					
,, ,	ſ\$)			Ô,		i -			
				28					
c Total income (add lines 8a(1	), 8a(2), 8a(3), and 8b)	<u>8c</u>				28			
	t rollovers and insurance premiums	8d	B	22		• · ·			
•••	active distributions (see instructions)	80 8e		0					
	lers (salaries, fees, commissions)	81		0					
		89	1	00					
<b>—</b> ·	l, 8e, 8f, and 8g)				•	922			
	ine 8h from lina 8c)					(894)			
• • • •	(see instructions)			0					
Cas Deserveryk Reduction Act Mailes and	OMB Control Numbers, see the instructions for		F.			Form 6500-SF (2011)			

For Paperwork Reduction Act Notk nd CMB Control Numbers, see the instructions for

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			·····									
Part IV Plan Characteristics												
9a	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	lf ti	te plan provides welfare benefits, enter the applicable welfare feature	re codes from the Li	ist of Plan Chara	cterist	ic Coo	tes in ti	ne instructi	DNS:			
Par	ťΥ	Compliance Questions										
10		uring the plan year:				Yes	No		Amount			
ā	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)											
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)											
c	C Was the plan covered by a fidelity bond?						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?						x					
e	<ul> <li>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.)</li> </ul>						x					
f		as the plan failed to provide any benefit when due under the plan? .			101	1	X					
g		id the plan have any participant loans? (If "Yes," enter amount as of			10g	1	x					
~	ı If	this is an individual account plan, was there a blackout period? (Sou 520.101-3.)	Instructions and 2	9 CFR	10g	1	x					
i	łf	10h was answered "Yes," chock the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or on	e of the	101							
			******		1 14	1	1	l				
11	13	Pension Funding Compliance this a defined benefit plan subject to minimum funding requirements	s? (if "Yes," see insi	tructions and con	nplete	Sche	dule St	3 (Form	∏ Ye	s 🔲 No		
12		00))								s X No		
14		"Yos," complete 12a or 12b, 12c, 12d, and 12e below, as applicable				uququ	Ψ <b>γ</b> ~ Ψι		•			
a	i İfa	a waiver of the minimum funding standard for a prior year is being a	mortized in this play	n year, soo instru	ctions	, and	enter ti	he date of t	the letter i	uling		
	gr	anting the waiver.			nth		Day		Year	<u> </u>		
		completed line 12a, complete lines 3, 9, and 10 of Schedule M				ī	12b	T				
		ter the minimum required contribution for this plan year					120					
C		iter the amount contributed by the employer to the plan for this plan ibtract the amount in line 12c from the amount in line 12b. Enter the								<del></del>		
	ne	gative amount)		*******			12d	│ ∏ Yes	No.			
		III the minimum funding amount reported on line 12d be met by the t	funding deadline?		*******		*****	105	140	N/A		
Part			· · · · · · · · · · · · · · · · · · ·				1571					
13a		as a resolution to terminate the plan been adopted in any plan year?						Yes	10			
		"Yes," enter the amount of any plan assets that reverted to the emp								0		
	of	ere all the plan assets distributed to participants or beneficiarias, tra the PBGC?	,4		,,,,,,,,,,,,,,,		****		X Ye	is 🔲 No		
	w	during this plan year, any assets or llabilities were transferred from high assets or llabilities were transferred. (See instructions.)	this plan to another	plan(s), identify	tha pla							
<del></del>	13c	(1) Name of plan(s):			-	13	3c(2) E	1N(6)	13¢	(3) PN(s)		
Cau	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.											
Under penalties of porjury 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 empiled 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.												
	1/2 /7/12 GEODORE GOT						LDMAN					
						i individual signing as plan administrator						
SIG HE		Signature of employer/plan sponsor	Ďäte	Enter name of	Indial	duel at	anina -	a omolour	ar of or a	SBODEAF		
· · · · · ·		1 Signature of ettimoyet/Midel shortson	<u>4</u> 010	E MINUT FORTIG OF	awara		STITLE &	C CONTRACTOR	a without	-ponaun		