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

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Part I	Annual Report	Identification Information						
For calend	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012		
	turn/report is for:	X a single-employer plan □ a		olan (not multiemployer)	ver) a one-participant plan			
B This ref	turn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	_		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım	
		special extension (enter descr	iption)					
Part II	Basic Plan Info	rmation—enter all requested info	ormation					
1a Name	of plan	·			1b	Three-digit		
CAREHEAR	T CARDIOLOGY PC 4	101K PROFIT SHARING PLAN				plan number	000	
					4.	(PN) •	002	
					1C	Effective date o	•	
2a Blon o	noncor's name and ad	drace: include room or quite numbe	ur (amplayor if for a single	ampleyer plan)	2h			
	RT CARDIOLOGY PC	dress; include room or suite numbe	er (employer, ir for a single	-employer plan)	20	Employer Identification (EIN) 20-50	36889	
					20	Sponsor's telep		
20 GAUL RO					20	631-642		
	UKET, NY 11733-000	0			2d	Business code ((see instructions)	
						54111	` ,	
3a Plan a	dministrator's name an	nd address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN	
		_	_					
					3c	Administrator's	telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the				4b EIN				
		mber from the last return/report.	no lace rotani, ropore moa r	or time plant, enter the	70	LIIV		
a Spons	or's name				4c	PN		
5a Total	number of participants	at the beginning of the plan year			5a		6	
b Total	number of participants	at the end of the plan year			5b		6	
C Numb	er of participants with	account balances as of the end of t	he plan year (defined ben	efit plans do not		1		
comp	lete this item)				5c		6	
6a Were	all of the plan's assets	s during the plan year invested in el	ligible assets? (See instruc	ctions.)			X Yes No	
		the annual examination and report					X Yes No	
		? (See instructions on waiver eligibi ither line 6a or line 6b, the plan c	•				N 162 □ NO	
		or incomplete filing of this return her penalties set forth in the instruc					ahla a Schadula	
		nd signed by an enrolled actuary, a						
belief, it is	true, correct, and comp	olete.		·		·	-	
CION	Filed with authorized/	valid electronic signature.	03/13/2013	SHUG HONG YOUNG	2			
SIGN HERE								
	Signature of plan a		Date	Enter name of individ		ning as plan adn	ninistrator	
SIGN Filed with authorized/valid electronic signature. 03/13/2013 SHUG HONG YOUNG HERE Company of a product of the product of								
Signature of employer/pian sponsor Date Enter name of individual					dual signing as employer or plan sponsor			
Preparer's	name (including firm n	name, if applicable) and address; in	clude room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)	

Form 5500-SF 2012 Page **2**

Part III Financial Information 7 Plan Assets and Liabilities	0					
a Total plan assets 7a 1746573 1970 b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 1746573 1970 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 28000 (2) Participants 8a(2) 46184 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 167796 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 241	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 1746573 1970 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from:	0					
C Net plan assets (subtract line 7b from line 7a) 7c 1746573 1970 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from:	7744					
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from:						
a Contributions received or receivable from: (1) Employers 8a(1) 28000 (2) Participants 8a(2) 46184 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 167796 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 241	980					
(1) Employers 8a(1) 28000 (2) Participants 8a(2) 46184 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 167796 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 241	980					
(3) Others (including rollovers)	980					
b Other income (loss) 8b 167796 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 241	980					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	980					
	980					
d Benefits paid (including direct rollovers and insurance premiums						
to provide benefits)						
Certain deemed and/or corrective distributions (see instructions) 8e						
f Administrative service providers (salaries, fees, commissions) 8f						
g Other expenses						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	7809					
i Net income (loss) (subtract line 8h from line 8c)	1171					
j Transfers to (from) the plan (see instructions)						
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: 2E 2G 2J 2K 2R 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 Amou						
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)	<u></u>					
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	-					
C Was the plan covered by a fidelity bond?	200000					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	200000					
or dishonesty?						
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.)						
f Has the plan failed to provide any benefit when due under the plan?						
Constitution of the second of						
b If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)						
i 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						
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form	′es X No					
11a Enter the amount from Schedule SB line 39	110					
2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the lette granting the waiver	r ruling					
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b Enter the minimum required contribution for this plan year						

	Form 5500-SF 2012 Page 3 - 1			
	Enter the amount contributed by the employer to the plan for this plan year	12c		
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)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	13c(2) EIN(s)		13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

P	art I Annual Report Ident	ification Information							
•	calendar plan year 2012 or fiscal plan		01/01/2012	and ending	12/31/201	2			
Α	This return/report is for:	ingle-employer plan	a multiple-employer	plan (not multiemployer)	a one-participant plan				
В	This return/report is:	first return/report	the final return/repor	t					
	an	amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)				
С	Check box if filing under:	rm 5558	automatic extension		DFVC pr	ogram			
	☐ spe	ecial extension (enter description	on)		о .	-			
P	art II Basic Plan Information	on enter all requested info	rmation						
1a	Name of plan	one of the order	madon		1b Three-digit				
	CAREHEART CARDIOLOGY PC	401K PROFIT SHARING	PLAN		plan numbe (PN) ▶	002			
					1c Effective da				
						984			
2a	Plan sponsor's name and address; in CAREHEART CARDIOLOGY PC	nclude room or suite number (employer, if for a single	e-employer plan)	2b Employer Identification Number				
					(EIN) 20-				
	OO GIVIT DOID				2c Sponsor's telephone number (631) 642–1500				
	20 GAUL ROAD					ode (see instructions)			
US		NY 11733-0000			541110	(
3a	Plan administrator's name and addre	ess X Same as Plan Sponso	or Name 🔲 Same as	Plan Sponsor Address	3b Administrator's EIN				
					3c Administrator's telephone number				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the				4b EIN					
	name, EIN, and the plan number from	n the last return/report.							
<u>a</u>	Sponsor's name				4c PN				
ba b	Total number of participants at the be				5a	6			
C	Total number of participants at the en Number of participants with account				5b	6			
	complete this item)	bulances as of the end of the p	vear (defined bei	ent plans do not	5c	6			
6a	Were all of the plan's assets during the			***************************************	***************************************	X Yes No			
b	Are you claiming a waiver of the annual and a CER 3530 104 163 (See in			•	•				
	under 29 CFR 2520.104-46? (See in: If you answered "No" to either line			and must instead use F		X Yes No			
Ca	ution: A penalty for the late or inco								
	der penalties of perjury and other pena								
SB	or Schedule MB completed and signe	ed by an enrolled actuary, as w	ell as the electronic ve	ersion of this return/report	, and to the best of	my knowledge and			
bei	ief, it is true, correct, and complete.	 							
	GN	4	 	Shug-Hong	Young				
HI	Signature of plan administrate	<u> </u>	Date 3/7/13	Enter name of individua	l signing as plan ad	dministrator			
Sign Shug /ting /c ung									
HERE Signature of employer/plan sponsor Date 3/7/3 Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)						er or plan sponsor			
Pre	parer's name (including firm name, if	applicable) and address; include	le room or suite numb	er (optional)	Preparer's telepho	one number (optional)			

Part III Financial Information										
7	Plan Assets and Liabilities (a) Beginning of Year (b) End of Year									
а	Total plan assets					1,970,744				
b	Total plan liabilities					0				
С	Net plan assets (subtract line 7b from line 7a)	7c	1,746,57			1,970,74				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal		
а	Contributions received or receivable from:	0-(4)	28.0	00						
	(1) Employers(2) Participants	8a(1) 8a(2)		28,000 46,184				7 Aug.		
-	(3) Others (including rollovers)	8a(3)	40,1	04						
	Other income (loss)	8b	167,7	96			4984			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	2017			241,980				
d	Benefits paid (including direct rollovers and insurance premiums							241,980		
	to provide benefits)	8d	17,8	00						
-	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f		9						
	Other expenses	8g					532.6			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						17,809		
	Net income (loss) (subtract line 8h from line 8c)	8i						224,171		
200000000000000000000000000000000000000	Transfers to (from) the plan (see instructions)	8j					. es.	i i		
	rt IV Plan Characteristics	 								
9a	If the plan provides pension benefits, enter the applicable pension fe 2E 2G 2J 2K 2R 3D	ature code	s from the List of Plan Charact	eristic	Code	es in th	ne instruction	ns:		
_							 .			
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Character	ristic	Codes	in the	instruction	S:		
Pa	rt V Compliance Questions			-						
10	During the plan year:				Yes	No	-	Amount		
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х				
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?		***************************************	10c	х			200,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	idelity bon	d, that was caused by fraud	10d		х				
е	Were any fees or commisions paid to any brokers, agents, or other			100						
	insurance service or other organization that provides some or all oinstructions.)	f the benef	its under the plan? (See	10e		x	:			
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х				
h	If this is an individual account plan, was there a blackout period? (\$. ,	iog		<u> </u>				
<u></u>	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		notice or one of the	10i				144		
Par	t VI Pension Funding Compliance									
11	The state of the s						Yes X No			
11a	a Enter the amount from Schedule SB line 39									
12	Is this a defined contribution plan subject to the minimum funding re						RISA?	Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver	g amortize	d in this plan year, see instructi	ons, a	and er	ter the		e letter ruling Year		
lf v										
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year	•				12b				