For	m 5500-SF	Short Form Annual Return/Report of Small Employ			/ 6 6		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 Employed			e	2012		
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).					8(a) of This Form is Open to Public			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012								
		· · · · ·			2/31/2			
	urn/report is for:			an (not multiemployer)		a one-particip	oant plan	
B This ret	urn/report is:		e final return/report					
C Check box if filing under: Form 5558 a short plan year return/report (less than 12 m								
					DFVC program			
special extension (enter description)								
Part II		nation—enter all requested information	on		46	The second state		
1a Name	-	P.C. RETIREMENT PLAN			dr.	Three-digit plan number		
	or and to be control and the process of the proces					(PN) 🕨	001	
					1c	C Effective date of plan		
	consor's name and address of CARDIOLOGY CARE, I	ess; include room or suite number (emp P.C.	bloyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 06-15		
972 ROUTE	45				2c	2c Sponsor's telephone numbe 845-362-1500		
PAMONA, N	Y 10970				2d	Business code (see instructions) 621111		
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN	
3c Administrator's telephone number						elephone 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 numb	er from the last return/report.						
a Sponse					4c PN			
5a Total number of participants at the beginning of the plan year					5a 9			
b Total number of participants at the end of the plan year					5b 9			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c		9	
					•		X Yes No	
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.) X Yes No						X Yes No		
		er line 6a or line 6b, the plan cannot						
		incomplete filing of this return/repor						
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								
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	al signing as plan administrator			
SIGN	Filed with authorized/va	lid electronic signature.	07/22/2013	LEE ROOT, M.D.	E ROOT, M.D.			
HERE					lual signing as employer or plan sponsor			
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) AMERICAN PENSION CORPORATION				(optional)	Prep	parer's telephone	number (optional)	
1375 PLAINFIELD AVENUE					908-757-5151			
WATCHUNG								

b Total plan labilities 7b 0 (c Net plan assets (statistic line 7b from line 70) 7c (12020) (140763) 8 income, Expense, and Traders for this Plan Year (a) Amount (b) Total (c) Total a Contributions received or receivable form: (a) Amount (b) Total (c) Participants. 8a(2) 0 (c) Participants. 8a(2) 0 (c) (c) Total (c) Total (d) Other income (loss) 8b 178662 (c) Total	Par	t III Financial Information									
b Total pion liabilities 75 0 (c) c Net pion assets (solution time 7 n)	_			(a) Beginning of Yea	(a) Beginning of Year		(b) End of Year				
c Net plan assets (subtract line 7b from line 7a) 7c 1228201 1405763 8 Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions neawed or research and results from: 8a(1) 0 (2) Participants. 8a(2) 0 0 (3) Others (including rolework). 8a(3) 0 0 (4) Difference (add lines sa(1), Sa(2), Sa(3), and 8b) 6e 1779562 0 (5) Others income (add lines sa(1), Sa(2), Sa(3), and 8b) 6e 0 0 0 (6) Other income (add lines sa(1), Sa(2), Sa(3), and 8b) 6e 0 0 0 (7) Citatal income (add lines sa(1), Sa(2), Sa(3), and 8b) 6e 0 0 0 (7) Citatal expenses (add lines ba(1), Sa(2), Sa(3), and 8b) 6e 0 0 0 (9) Other expenses 6g 0 0 0 0 0 (9) Other openses 6g 0 0 179662 179662 (7) Transfers to (fine) the plan (set) natures parsinatins sa(1) 8g	а	Total plan assets	7a	122620	1		1405763				
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable form: 8a(1) 0	b	Total plan liabilities	7b		0			0			
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(1) Employers 8a(1) 0 (2) Participants 8a(2) 0 (3) Other income (loss) 8a(3) 0 (4) Participants 8a(3) 0 (5) Other income (loss) 8b 170562 (7) Total income (loss) 6c 177862 (7) Other income (loss) 6d 0 (7) Other sponses 8d 0 (7) Other sponses 8g 0 0 (7) Transferst (from the pain (scenstructions) 8f 0 0 (7) Transferst (from the pain (scenstructions) 8g 0 0 (7) Transferst (from the pain (scenstructions) 8g 0 0 (8) Transferst (from the pain (scenstructions) 8g 0 0 (8) Transferst (from the pain (scenstructions) 8g 0 0 (9) Using the plan park: 8f 0 0 0 (9) Using the plan park: 100 10a X 0 0 0	8 Income, Expenses, and Transfers for this Plan Year			(a) Amount	(a) Amount			(b) Total			
(2) Participants					~						
B) Others (including rollovers) Ba(2) 0 b) Other income (loss) Bb 179562 C Total income (loss) Bb 179562 d) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Bc C d) E Certain demend and/or corrective distributions (see instructions)			, í								
b Other income (loss) 8b 179562 c Total income (dad lines 8art), 8ar(2), 8ar(3), and 8b). 6c 179562 d Benefits paid (including direct followers and insurance premiums in provide benefits). 6d 0 f Administrative service providers (salaries, fees, commissions). 6d 0 g Other expenses. 5g 0 f Administrative service providers (salaries, fees, commissions). 6d 0 g Other expenses. 5g 0 0 f Net income (loss) (subtract line Bh from line 8c). 6l 179562 g If the plan provides persion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2z zt zt+ zJ 3D 0 Yes f During the plan sportides version benefits, enter the applicable version feature codes from the List of Plan Characteristic Codes in the instructions: 2z d Dift the plan provides version benefits, enter the applicable version feature codes from the List of Plan Characteristic Codes in the instructions: 2z d Dift the plan approvides version benefits, enter the applicable version feature codes from the List of Plan Characteristic Codes in the ins											
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)											
d Benefits paid (including direct rollowers and insurance premiums by the provide benefits)				17956	179562						
by provide benefits) Bd 0 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (stataries, lees, commissions) 8f 0 g Other expenses. 8g 0 0 f Administrative service providers (stataries, lees, commissions) 8f 0 0 f Net income (loss) (subtract the 8h from line 8c) 8i 179662 1 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2 2F 2J 3D 2D Amount g User plan year: Yes No Amount X 2 2P + 2J 3D X <td>-</td> <td></td> <td>8C</td> <td colspan="3"></td> <td colspan="3">179562</td>	-		8C				179562				
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g Other expenses and lines & generation in the set of the			8e								
g Other expenses. 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 0 i Net income (loss) (subtract line 8h from line 8c)	f	Administrative service providers (salaries, fees, commissions)	8f								
h Total expenses (add lines 8d, 8e, 8f, and 8g)			8g								
i Net income (loss) (subtract line 8h from line 8c)		•					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: 2£ 2H 2J 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 Yes No Amount 10 During the plan year: Yes No Amount 2 SC FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan novered by a fidelity bond? 10c X 10d X c Was the plan covered by a fidelity bond? 10c X 10d X c Was the plan covered by a fidelity bond? 10c X 10d X c Was the plan accountinsions 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) 10d X 2 2	i	Net income (loss) (subtract line 8h from line 8c)	8i				179562				
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 2H 2J 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 Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 28 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any parti-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 10d X c Was the plan covered by a fidelity bond? 10c X 10d X e Were any fees or commissions paid to any broklers, 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.) 10d X 2 f Has the plan failed to provide any benefit when due under the plan? (See instruction	j	Transfers to (from) the plan (see instructions)	8i		0						
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2t 2t 2t 30 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: 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) 10a X c Was there a failure to transmit to the plan any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was there a failure on the plan covered by a fidelity bond? 10c 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? 10d X e 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, and plan (See instructions, and 29 CFR 2520, 101-3). 10g X	Par	t IV Plan Characteristics									
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on line 10a.)	а	a Was there a failure to transmit to the plan any participant contributions within the time period described in					x				
Image: Section of the plan bare or protected by a hearly condition of the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X Image: Section of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X Image: Section of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X Image: Section of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10e X Image: Section of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10e X Image: Section of the plan have any participant loans? (If "Yes," enter amount as of year end.)	b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported					x				
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insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud					x				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	e	insurance service or other organization that provides some or all of the benefits under the plan? (See					×				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 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	f	f the dealer follows and a second second second second sector where the second					Х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 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	g							8720			
exceptions to providing the notice applied under 29 CFR 2520.101-3	h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					×	0120			
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the									
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part	VI Pension Funding Compliance									
11a Enter the amount from Schedule SB line 39	11	Is this a defined benefit plan subject to minimum funding requirem									
(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 letter rul granting the waiver	11a	1a Enter the amount from Schedule SB line 39 11a									
(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 letter rul granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
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 letter rul granting the waiver											
	а	If a waiver of the minimum funding standard for a prior year is bein	ng amortize	ed in this plan year, see instruc		, and e		-			
b Enter the minimum required contribution for this plan year	lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Forr	n 5500), and skip to line 13.							
	b Enter the minimum required contribution for this plan year					12b					

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е	Will t	ne minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	X	Yes No)		
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			0	
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С	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.)						
13c(1) Name of plan(s): 1				IN(s)	13c(3) PN(s)	
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN