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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

1 01101011 20	Short Guaranty Corporation	 Complete all entries in ac 	cordance with the instri	uctions to the Form 550	JU-5F.			
Part I	Annual Report le	dentification Information						
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/	2013	and ending	12/31/2	2013		
A This ret	turn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	oant plan	
B This ret	turn/report is:	the first return/report	the final return/repor	t				
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths))		
C Check h	box if filing under:	☐ Form 5558	automatic extension		•	DFVC progra	ım	
• Oncor i	box ii iiiiig diidei.	special extension (enter descr						
Part II	Racic Plan Infor	mation—enter all requested inf	. ,					
		mation—enter all requested in	Ulliation		1h	Thurs a dissit		
1a Name		1K PROFIT SHARING PLAN			ID	Three-digit plan number		
CAREFIEAR	T CARDIOLOGT PC 40	TR PROFIT SHARING PLAN				(PN) ▶	002	
					1c	Effective date of	f plan	
						12/01/	•	
	ponsor's name and add	ress; include room or suite numbe	er (employer, if for a single	e-employer plan)	2b	Employer Identif		
					20	Sponsor's telephone number		
20 GAUL RO	DAD					631-642		
EAST SETA	UKET, NY 11733-0000				2d	Business code (
3a Plan a	dministrator's name and	address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's I	EIN	
					3c	Administrator's t	telephone number	
							•	
4 If the r	name and/or EIN of the	plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	EIN		
		ber from the last return/report.						
a Spons	or's name				4c	PN		
5a Total r	number of participants a	t the beginning of the plan year			- 5a		6	
b Total r	number of participants a	t the end of the plan year			5b		4	
		ccount balances as of the end of t			. 5c		4	
6a Were	all of the plan's assets	during the plan year invested in e	ligible assets? (See instru	uctions.)			X Yes No	
b Are yo	ou claiming a waiver of t	the annual examination and repor	t of an independent qualif	ried public accountant (IC	QPA)			
		(See instructions on waiver eligib					X Yes No	
If you	answered "No" to eit	her line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form	5500.		
C If the p	olan is a defined benefit	plan, is it covered under the PBG	C insurance program (se	e ERISA section 4021)?		Yes No	Not determined	
Caution: A	nenalty for the late of	r incomplete filing of this return	Vranort will be assessed	d unless reasonable ca	ueo ie	established		
		er penalties set forth in the instruc					abla a Cabadula	
SB or Sche		d signed by an enrolled actuary, a						
טבוובו, ונוט נ								
SIGN	Filed with authorized/v	alid electronic signature.						
	Filed with authorized/v		Date	Enter name of individ	dual sig	gning as plan adn	ninistrator	
SIGN			Date	Enter name of individ	dual siç	gning as plan adn	ninistrator	
SIGN HERE		ministrator	Date	Enter name of individ				
SIGN HERE SIGN HERE	Signature of plan ad Signature of employ	ministrator	Date	Enter name of individ	dual sig	gning as employe		
SIGN HERE SIGN HERE	Signature of plan ad Signature of employ	ministrator er/plan sponsor	Date	Enter name of individ	dual sig	gning as employe	r or plan sponsor	

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Day	rt III Financial Information									
7 Tal						(b) Food of Wood				
	Plan Assets and Liabilities Total plan assets	70	(a) Beginning of Yea				(b) End of Year 2138697			7
<u>а</u> b	Total plan assets Total plan liabilities	7a 7b		0			0			
	Net plan assets (subtract line 7b from line 7a)	76 7c	197074				2138697			<u>. </u>
8	Income, Expenses, and Transfers for this Plan Year	70		•						
	Contributions received or receivable from:		(a) Amount	(a) Amount			(b) Total			
	(1) Employers	Employers								
	(2) Participants	ticipants								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	18435	0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	213637	•
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4567	0						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	tain deemed and/or corrective distributions (see instructions) 8e								
f	Administrative service providers (salaries, fees, commissions)	8f	1	4						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							45684	4
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							167953	3
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the insti	uctions	S :	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	ic Coc	les in t	he instru	ctions:		
Par	art V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					200000
d	<u> </u>	fidelity bor	nd, that was caused by fraud	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth			100						
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X				
	instructions.)			10e		X				
	Has the plan failed to provide any benefit when due under the plan	n?		10f						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding						ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								•	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruc		, and e	enter tl Day	ne date d	of the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
b	Enter the minimum required contribution for this plan year					12b				

Page	3	- [1
гаус	J	- 1	

			1					
С	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?	X	es No)				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0			
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	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.)							
1	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)			
Part	VIII Trust Information (optional)			•				
14a	Name of trust	14b Trust's EIN						

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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2013

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OMB Nos. 1210-0110

1210-0089

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

		Annual Danart	Identification Information	Ordanoo with the metra	<u> </u>	<u> </u>		
111111111111111111111111111111111111111	art I		Identification Information cal plan year beginning	01/01/2013	and ending	12/	31/2013	
		urn/report is for:	a single-employer plan	_	lan (not multiemployer)	П	a one-particip	pant plan
		urn/report is:	the first return/report	the final return/report	, , , ,	Ш	a one person	
Ь	THIS TELL	unnepon is.	an amended return/report	<u> </u>	rn/report (less than 12 m	onths)		
_			님 .	片	ili/ieport (less than 12 m	 	DFVC progra	ım
С	Check b	oox if filing under:	Form 5558	automatic extension			Di VC piogra	
Citation Company			special extension (enter descrip					
***************************************	art II		rmation enter all requested in	formation		1h T	ara a digit	
1a	Name	of plan					hree-digit an number	
	CARE	HEART CARDIOLOG	BY PC 401K PROFIT SHARIN	G PLAN			PN) ▶	002
						i .	ffective date o 2/01/1984	f plan
	Dlan s	noncor's name and ad	Idress; include room or suite numbe	r (employer if for a single	e-employer plan)			ification Number
Lu		HEART CARDIOLOG		(Gropioyor, ii tot a omgre	omproyer promy		IN) 20-50	
						2c s	ponsor's telep	hone number
	20 G	AUL ROAD				(631) 642-	1500
	20 G	HOLI NOID						(see instructions)
		SETAUKET	NY 11733-0000				41110	
3a	Plan a	idministrator's name a	nd address X Same as Plan Spo	nsor Name 🔛 Same as I	Plan Sponsor Address	3D A	dministrator's	EIN
						3C A	dministrator's	telephone number
4	If the r	name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b E	IN	
-	name,	EIN, and the plan nur	mber from the last return/report.					
		or's name				4c P	N	
5a		· ·	at the beginning of the plan year .			5a		6
b			at the end of the plan year			5b		4
С			account balances as of the end of t			5c		4
6a			during the plan year invested in eli			,,,,,,,,,,,,		XYes No
b			f the annual examination and report			PA)		
			? (See instructions on waiver eligibil					X Yes No
			ther line 6a or line 6b, the plan ca					Not determined
С			fit plan, is it covered under the PBG					Not determined
			or incomplete filing of this return					
Ur	nder per	nalties of perjury and o	ther penalties set forth in the instruc	ctions, I declare that I hav	e examined this return/re	eport, inc	luding, if appl	icable, a Schedule
SE	3 or Sch dief it is	edule MB completed a true, correct, and com	and signed by an enrolled actuary, a	is well as the electronic vi	ersion of this return/repo	rt, and to	uie best of it	ly knowledge and
					Shuo -/tena	You	in Mn	
	IGN _		-1-1-444	Date 3/20/14	Enter name of individua	al eignin	mbe neln ae n	injetrator
F	IERE S	Signature of plan adn	ninistrator	Date //-//	Enter name of marvidu	ai siginii	g as plan aum	III II Strator
	IGN _			Date	Enter name of individua	al aignin	a on omployer	or plan enoneor
		Signature of employe	name, if applicable) and address; ir	Date	L			number (optional)
	eparers	manie (including ilmi	name, ir applicable) and address, ii	iolade room of state fluitte	oc. (optional)	Span	2. 0 (0.5pnone	(Spinorial)

Part III Financial Information										
7 P	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year					
ат	otal plan assets	7a	1,970,74	4	2,138,69				97	
b T	otal plan liabilities	7b		0	C					
C N	let plan assets (subtract line 7b from line 7a)	7c	1,970,74	4	2,138,697					
8 Ir	ncome, Expenses, and Transfers for this Plan Year	*	(a) Amount		(b) Total					
	Contributions received or receivable from:	8a(1)	3,03	R1						
	1) Employers	8a(2)	26,25		7 (SP 9 (SP))					
	2) Participants	8a(3)								
	3) Others (including rollovers) Other income (loss)	8b	184,35							
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	104/55					213 6	37	
	Renefits paid (including direct rollovers and insurance premiums	- 50	-7151-		213,637					
	provide benefits)	8d	45,67	70						
e	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f A	administrative service providers (salaries, fees, commissions)	. 8f	1	L 4						
g	Other expenses	. 8g	·		28					
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						45,6		
iN	let income (loss) (subtract line 8h from line 8c)	. 8i	10 To					167,9	53	
jτ	ransfers to (from) the plan (see instructions)	. 8j								
Par	t IV Plan Characteristics									
000000000000000000000000000000000000000	f the plan provides pension benefits, enter the applicable pension f	eature cod	les from the List of Plan Charac	teristi	c Cod	es in t	he instructior	ıs:		
İ	2E 2G 2J 2K 2R 3D									
b II	f the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Characte	eristic	Code	s in th	e instructions	;		
										
Par		 .			V		A			
<u>10</u>	During the plan year:	Alama walahi	in the time period described in	F	Yes	No	An	nount		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		х			<u></u>	
С	Was the plan covered by a fidelity bond?			10c	х			20	0,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		x				
е	Were any fees or commissions paid to any brokers, agents, or ot	her persor	s by an insurance carrier,							
	insurance service, or other organization that provides some or all instructions.)			10e		x				
	Has the plan failed to provide any benefit when due under the pla			10f		х				
				†		х				
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a			10g		<u> </u>				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х			-	
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i						
Par	Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If	"Yes," see instructions and com	plete	Sched	dule S	B (Form	Yes	X No	
11a	Enter the unpaid minimum required contribution for current year f	from Sched	dule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as appli	cable.)							
a	If a waiver of the minimum funding standard for a prior year is be granting the waiver	ing amorti	zed in this plan year, see instruc	tions	, and e	enter t Da		e letter ru Year	ling	
If v	ou completed line 12a, complete lines 3, 9, and 10 of Schedul									
b	Enter the minimum required contribution for this plan year					12b				
	The transfer of the transfer of the proof of						******			