Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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).

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Р	art I Annual R	eport Identification Information	า										
For	calendar plan year 20	15 or fiscal plan year beginning 01/01/	/2015		and ending 1:	2/31/2015							
A	This return/report is fo		list	a multiple-employer plan (not multiemployer) (Filers checking this box must attack list of participating employer information in accordance with the form instructions) a foreign plan									
В	This return/report is	the first return/report an amended return/report	H	inal return/report ort plan year retur	n/report (less than 12 m	than 12 months)							
С	Check box if filing und	er: Form 5558 special extension (enter desc	automatic extension DFVC program										
P	art II Basic Pla	n Information—enter all requested in	nformation	1									
	Name of plan 'ANCED CARDIOLOG	Y ASSOCIATES, LLC 401(K) PLAN				(PN	ree-digit n number I) • ective date of	001 plan					
2a	Mailing address (incl	(employer, if for a single-employer plan) ide room, apt., suite no. and street, or P. province, country, and ZIP or foreign pos		if foreign, see instr	ructions)	2b Employer Identification Number (EIN) 11-3462831							
\DV/	ANCED CARDIOLOG		(,	2c Spo	onsor's teleph 516-49	none number 96-4141					
75 JERICHO TURNPIKE, SUITE 204 SYOSSET, NY 11791						2d Business code (see instructions) 621111							
3a	Plan administrator's	name and address XSame as Plan Spor	nsor.			3b Adn	ministrator's E	EIN					
4		N of the plan sponsor has changed since	e the last r	eturn/report filed fo	or this plan, enter the	3c Adr		elephone number					
а	name, EIN, and the Sponsor's name	plan number from the last return/report.				4c PN							
	· ·	cipants at the beginning of the plan year.				5a		3					
b		cipants at the end of the plan year				5b		3					
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						5c		3					
d(1) Total number of active participants at the beginning of the plan year						5d(1)		3					
d(2) Total number of active participants at the end of the plan year						5d(2)		2					
	than 100% vested	nts that terminated employment during th				5e		0					
		ne late or incomplete filing of this return											
SB		and other penalties set forth in the instru- leted and signed by an enrolled actuary, and complete.											
SIG	Filed with aut	norized/valid electronic signature.		07/12/2016	ROBERT STRUHI								

Date

Date

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

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page 2								
 Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan care 	of an independ y and condition	dent qualified public a	ccount	ant (IQ	PA)			X	Yes Yes	No No
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	determir	ned
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Ye		
a Total plan assets	1		1747	667					1707068	ı
b Total plan liabilities			1747	667					1707068	
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7с	(a) Amou		007			(b)	Total	1707000	
a Contributions received or receivable from:		(a) Alliot	ant				(n)	TOLAI		
(1) Employers	8a(1)									
(2) Participants			20	000						
(3) Others (including rollovers)	· · · · ·		0.0	-500						
b Other income (loss)			-60	599					40500	
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c								-40599	
to provide benefits)	8d									
e 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)									-40599	
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	1 1								-40599	
	··· 8j									
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension	on feature coo	des from the List of Pl	an Cha	racteris	stic Co	des in t	he instr	uctions		
2A 2E 2G 2J 3D			u 0 1.u		J 0 0 0					
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	ic Cod	les in th	e instru	ctions:		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Δm	ount	
Was there a failure to transmit to the plan any participant contrib	outions within	the time period		100		1471		AIII	Juni	
described in 29 CFR 2510.3-102? (See instructions and DOL's	Voluntary Fig	duciary Correction	40-		X					
Program) Were there any nonexempt transactions with any party-in-intere			10a							
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		X					
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of the	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the p					X					
			10f							
g Did the plan have any participant loans? (If "Yes," enter amounth If this is an individual account plan, was there a blackout period	•		10g		X					
2520.101-3.)	•		10h		X					
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i							
j Did the plan trust incur unrelated business taxable income?			10j			Χ	_			
Part VI Pension Funding Compliance			•							
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)									Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a				
12 Is this a defined contribution plan subject to the minimum fundir	ng requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?		Yes	× No

	F	orm 5500-SF 2015 Page 3 - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b Trust's EIN				
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
140 Name of trustee of custodian				telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method			
15c	C If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes).							
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

From: 5164964393

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Date: 7/12/2016 12:25:48 PM

Short Form Annual Return/Report of Small Employee Form 5500-SF OMB Nos. 1210-0110 1210-0089 Benefit Plan Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee 2015 Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(e) of Department of Labor Employee Benefils Security Administration This Form is Open to Public the Internal Revenue Code (the Code). Pension Bonefit Gueranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a single-employer plan A This return/report is for: a list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filling under. Form 5558 automatic extension DFVC program special extension (entér description) Basic Plan Information --- enter all requested information 1a Name of plan **1b** Three-digit Advanced Cardiology Associates, LLC (01(k) Plan plan number (PN) ► 001 1c Effective date of plan 04/01/2005 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing Address (Include room, apt., suite no. and street or P.O. Box) (EIN) 11-3462831 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Advanced Cardiology Associates, LLC 2c Sponsor's telephone number (516) 496-4141 2d Business code (see instructions) 175 Jericho Turnpike, Suite 204 621111 US Sychaet NY 11791 3a Plan administrator's name and address X Same as Plan Sponsor Name 3b Administrator's EIN 3c Administrator's telephone number 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 the last return/report. a Sponsor's name 4¢ PN 5a Total number of participants at the beginning of the plan year 5a b Total number of participants at the end of the plan year 5b 3 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 3 d(1) Total number of active participants at the beginning of the plan year 5d(1) 3 d(2) Total number of active participants at the end of the plan year 5d(2) 2 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 appuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, coprect, and complete. Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or sulte number Preparer's telephone number

	Form 5500-SF 2015		Page 2								
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See Instructions.)	*******	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				X Yes	No	
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)										
	nder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes	□No		
	f you answered "No" to elther line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
С	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined										
Pa	rt III Financial Information	T				Ţ.					
7	Plan Assets and Liabilities (a) Beginning of Year (b) End								of Year		
a	Total plan assets							1,707,	068		
	Total plan liabilities							4 200	0.00		
	Net plan assets (subtract line 7b from line 7a)	7c	1,747,667 (a) Amount			1,707,068 (b) Total					
	Contributions received or receivable from:	20 1 1 1 6 - 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Amount			1000000	(b) Total				
	(1) Employers	8a(1)								1	
	(2) Participants	8a(2)		20,0	00	200 ye. 62 Y					
	(3) Others (including rollovers)	8a(3) 8b	160),59	0.1	00,000 Park 1 Pa					
	Other income (loss)	8c	(60	,, 39	7)					001	
	Benefits paid (including direct rollovers and insurance premiums	"				200 200 200 200 200 200 200 200 200 200	Commence of the Commence of th	7	(40,5	991	
	to provide benefits)	8d				201 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
	Certain deemed and/or corrective distributions (see instructions)	8e				Annual Control		ander des existes		783 983 984 984	
	Administrative service providers (salaries, fees, commissions)	8f				200 A					
	Other expenses	.8g		******		-		Mari Salama	***************************************	NAME OF TAXABLE PARTY.	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i							(40,5	99)	
	Transfers to (from) the plan (see instructions)	81									
Pa	rt V Plan Characteristics	1				in support	2286234 1222 (1296	\$43(750), (345), 15 H10475		#*************************************	
	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Ch	arac	teristic	Code	es in the	instruction	ons:		
	2A 2E 2G 2J 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	racte	ristic	Codes	in the	instruction	ns:		
Pa	rt V Compliance Questions										
10	During the plan year:			,	Yes	No	N/A		Amount		
а	, , , ,										
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	•	· .	10a		x	merchiner region of the control of t				
b	Program)			IVa		1.					
	reported on line 10a.)			10b		Х					
C	Was the plan covered by a fidelity bond?			10c	L	х					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x	PORT TO THE PROPERTY OF THE PR				
e	Were any fees or commissions paid to any brokers, agents, or oth	-		100			Mariantina ampare (E r mariantina de Calendario de Calendario Mariantina de Calendario () de Mariantina de Calendario () de M		.	···	
_	carrier, insurance service, or other organization that provides some	e or all of t	he benefits under				THE A STATE OF THE				
	the plan? (See instructions.)			10e		х					
f	Has the plan failed to provide any benefit when due under the plan	1?	***************************************	10f		Х	PROPERTY OF THE PROPERTY OF TH				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		Х	200 100 000 000 000 000 000 000 000 000				
h	If this is an individual account plan, was there a blackout period? (. 2520.101-3.)			10h		х	The second of th	The second secon		The state of the s	
i		vas answered "Yes," check the box if you either provided the required notice or one of the ons to providing the notice applied under 29 CFR 2520.101-3					The second secon				
j	Did the plan trust incur unrelated business taxable income?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10j			х				
Pa	Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	s 🗵 No	
116	Enter the unpaid minimum required contribution for current year fro	om Schedu	ule SB (Form 5500) line 4	0	********	,	11a				
12	Is this a defined contribution plan subject to the minimum funding r	requiremer	nts of section 412 of the C	ode	or sec	ion 30	02 of El	RISA?	Yes	X No	

	Form 5500-SF 2015 Page 3-						
	(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 instructior granting the waiver. Month	ns, and e Da		date of Ye		iling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		y			_	
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	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	•	, ,		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		🗀	Yes [□ No □	□ N/A	
Par	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		☐ Ye	es X N	lo		
	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 unde of the PBGC?		ntrol		Yes [X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)						
	13c(1) Name of plan(s):	13c	(2) EIN(s)	13c(3) PN(s)		
					<u> </u>		
Pari	VIII Trust Information	 ,					
14a	Name of trust		14b Trust's EIN				
14c	Name of trustee or custodian	14d Trustee or custodian's					
			tele	hone nu	mber		
Par	IRS Compliance Questions						
	**************************************				∏ No	*****	
15a	Is the plan a 401(k) plan:	******	Ye:		☐ No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employ	yer	Das bas	sign- sed safe	ADP//	ACP	
	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	******		bor thod	test		
150	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year				l Ne		
	testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(m)-		Ye	3	No		
	2(a)(2)(ii))?	******					
16a	Check the box to Indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	□ Rai	ilo centage	Avera	ge it Test	
16h	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining		Tes			n root	
	this plan with any other plans under the permissive aggregation rules?		Ye	3	∐ No		
17a	Has the Plan been timely amended for all required law changes?	********	Ye:	3	☐ No	□ N/A	
17b		nter the	applica	ible code	(Se	е	
17c	instructions for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is su advisory letter, enter the date of that favorable letter / / and the letter's serial number.	bject to	a favora	able IRS	plnion or		
17d	if the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please enter to determination letter / / /	he date	of plan'	s last fav	orable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(l)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)		☐ Ye	3	☐ No		
19	Were in-service distributions made during the plan year?		Ye:	3	☐ No		
	If Yes, enter amount	*******	19				
20	Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired) as required under section 401(a)(9)?		☐ Ye	3	☐ No	□ N/A	