## 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).

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

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Parti	Annual Report	i identification information				
For calen	dar plan year 2015 or f	iscal plan year beginning 01/01/20	015	and ending 12	2/31/2015	
A This r	eturn/report is for:	x a single-employer plan		an (not multiemployer) ployer information in ac		
		a one-participant plan	a foreign plan			
<b>B</b> This re	eturn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
C Check	k box if filing under:	X Form 5558	automatic extension		DFVC p	program
		special extension (enter descri	ption)			
Part II	Basic Plan Info	ormation—enter all requested info	ormation			
1a Nam	e of plan				<b>1b</b> Three-digit	
CARDIOV	ASCULAR SOLUTION	S LLC PROFIT SHARING PLAN			plan numbe	
				}	(PN) •	001
					1c Effective da	te of plan 01/01/2007
Maili	ng address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.				entification Number 26-0170867
	or town, state or province ASCULAR SOLUTIONS	ce, country, and ZIP or foreign posta 5, LLC	ll code (if foreign, see instr	uctions)		elephone number
						de (see instructions)
10967 LAK SUITE 134	E UNDERHILL ROAD					621111
	, FL 32825				•	021111
3a Plan	administrator's name a	nd address Same as Plan Sponso	or.		<b>3b</b> Administrate	or's EIN
				}	3c Administrate	or's telephone number
					JC Administrate	or a telephone number
4					41	
		e plan sponsor has changed since the plan sponsor has changed since the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN	
<b>a</b> Spor	nsor's name				4c PN	
<b>5a</b> Tota	l number of participants	s at the beginning of the plan year			5a	8
		s at the end of the plan year		ì	5b	8
		account balances as of the end of the		-	5c	8
<b>d(1)</b> ⊤d	otal number of active pa	articipants at the beginning of the pla	ın year		5d(1)	5
d(2) To	otal number of active pa	articipants at the end of the plan yea	r		5d(2)	4
		t terminated employment during the			5e	0
		or incomplete filing of this return				
SB or Scl		ther penalties set forth in the instruct and signed by an enrolled actuary, as aplete.				
SIGN		l/valid electronic signature.	10/17/2016	SYED ALI		
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as plan	administrator
SIGN						
HERE	Signature of emplo		Date	Enter name of individu		
Preparer'	s name (including firm	name, if applicable) and address (inc	clude room or suite numbe	r)	Preparer's teleph	one number

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>Were all of the plan's assets during the plan year invested in elig</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan car</li> </ul>	of an independ y and condition	dent qualified public a	account	ant (IQ	PA)			□ □	res No
<b>c</b> 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 de	termined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	g of Ye	ar			(b) End	of Year	
a Total plan assets	7a		329	792				33	88155
<b>b</b> Total plan liabilities	7b				_				
C Net plan assets (subtract line 7b from line 7a)	7с		329	792	_			33	38155
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) 1	Γotal	
Contributions received or receivable from:     (1) Employers	8a(1)		11	096					
(2) Participants									
(3) Others (including rollovers)	8a(3)								
<b>b</b> Other income (loss)	8b			617					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	1713
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
Certain deemed and/or corrective distributions (see instructions).									
f Administrative service providers (salaries, fees, commissions)			3	3350					
g Other expenses									
h Total expenses (add lines 8d, 8e, 8f, and 8g)									3350
i Net income (loss) (subtract line 8h from line 8c)									8363
j Transfers to (from) the plan (see instructions)	8i								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	on feature cod	des from the List of PI	an Cha	racteri	stic Co	des in t	he instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare	. (	(o th - 1 to to (DI-	01			1 2 - 41-			
<b>B</b> If the plan provides welfare benefits, enter the applicable welfare	e reature code	es from the list of Pla	n Chara	acterist	iic Coc	ies in th	e instruc	iions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	nt
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-intere reported on line 10a.)			10b		Х				
C Was the plan covered by a fidelity bond?					Х				
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan	's fidelity bon	d, that was caused	10c						
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.)	ome or all of t	he benefits under	10e	X					252
<b>f</b> Has the plan failed to provide any benefit when due under the p	lan?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year er	nd.)	10g		X				
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 exceptions to providing the notice applied under 29 CFR 2520.1	I the required	notice or one of the							
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			, .v <u>j</u>		<u> </u>	ı			
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)								П	′es 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	ection :	302 of E	RISA?	Y	′es 🛚 No

	F	orm 5500-SF 2015 Page <b>3</b> - 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 1	Γrust's EIN	١			
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an'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		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method					
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	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		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
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		

## 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).

2015

OMB Nos. 1210-0110 1210-0089

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

This Form is Open to **Public Inspection** 

Part I	<b>Annual Report</b>	Identification Information		and ending 12/31	/2015						
For calendar	r plan year 2015 or f	iscal plan year beginning 01/01/201	5	(not multiamployer)	Filers checking this b	ox must attach a					
For calendar plan year 2015 or fiscal plan year degining of the formula of the fo											
A This retu	rn/report is for:	a one-participant plan	a foreign plan								
B This retur	m/report is										
D Hils term	inehoiria	an amended return/report	a short plan year return/r	eport (less than 12 mo	nths)						
C Check be	ox if filing under:	X Form 5558	automatic extension DFVC program								
	<b>.</b>	special extension (enter descr	iption)								
Part II	Racic Plan Info	ormation—enter all requested in	formation			i					
1a Name o					<b>1b</b> Three-digit plan number						
Cardiovascul	ar Solutions LLC Pro	ofit Sharing Plan			(PN)	001					
					1c Effective date of 01/01/2007	of plan					
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	), Box)		2b Employer Ident (EIN) 26-01708						
City or 1	town, state or provin ar Solutions, LLC	ce, country, and ZIP or foreign post	al code (if foreign, see instru	ctions)	2c Sponsor's telephone number (407) 249-3005						
					2d Business code 621111	(see instructions)					
10967 Lake U Suite 134	Jnderhill Road										
Orlando, FL 3	32825				3b Administrator's	EIN					
3a Pian ac	iministrator's name	and address X Same as Plan Spon	sor.	ļ	3c Administrator's telephone number						
A 16.6	and as EIN of t	he plan sponsor has changed since	the last return/report filed for	this plan, enter the	4b EIN						
name,	EIN, and the plan n	umber from the last return/report.			4c PN						
a Sponso	or's name				5a	8					
5a Total r	number of participan	ts at the beginning of the plan year.		***************************************	5b	8					
c Numb	er of participants wit	ts at the end of the plan yearh account balances as of the end of	the plan year (defined benet	it plans do not	5c	8					
compl	ete this item)		***************************************		5d(1)	5					
d(1) Tota	al number of active p	participants at the beginning of the p	an year		# I/O	4					
₽ Numł	ser of participants the	participants at the end of the plan yeat terminated employment during the	e plan year with accrued ben	ents that were less	5e	0					
than	100% vested			inlace reasonable cal	use is established.						
Under pena SB or Sche	alties of perjury and edule MB completed	other penalties set form in the insut and signed by an enrolled actuary,	as well as the electronic vers	examined this return/re sion of this return/repor	port, including, if app t, and to the best of n	icable, a Schedule by knowledge and					
belief, it is		mnieteA 🗻									
SIGN	true, correct, and co		· ·	Syed Ali							
		1	Date 10 of 2 of 6		lual signing as plan a						
HERE	Signature of plan	1	Date 10-17-16	Syed Ali  Enter name of individ	lual signing as plan a						
HERE	Signature of plat	Fadministrator		Enter name of individ	lual signing as emplo	dministrator yer or plan sponsor					
HERE SIGN HERE	Signature of plat	Tadministrator	Date	Enter name of individ		dministrator yer or plan sponsor					
HERE SIGN HERE	Signature of plat	Fadministrator	Date	Enter name of individ	lual signing as emplo	dministrator yer or plan sponsor					
HERE SIGN HERE	Signature of plat	Tadministrator	Date	Enter name of individ	lual signing as emplo	dministrator yer or plan sponsor					

	Form 5500-SF 2015		Page 2									
<u> </u>					·				K	Yes	□ No	_
6a W	Vere all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)	tat		Δ			_		<b>니</b> _	
b Ai	Are you claiming a waiver of the annual examination and report of an independent qualified part of the annual examination and report of an independent qualified part of the annual examination and report of an independent								K)	Yes	□N	0
	1 221 124 . Man Ca of line Sh the Bian Calli	OL USU FVI	N 2000-01 and					_			امدد	
n if	you answered "No" to either line ba of line ob, the plan centre the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA sec	tion 40	21)?	<u> </u>	Yes	No 📗	Not	determ	inea	
												_
Part			(a) Beginning	of Year	r	<u> </u>		(b) End o				
	an Assets and Liabilities	7a		329792					33	38155		
	otal plan assetsotal plan liabilities	7b				<u> </u>						
	otal plan liabilities	7c		329792	2	<u> </u>			33	38155		_
	et plan assets (subilact line 70 from in 2 70)  come, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) To	otal			_
8 In	ontributions received or receivable from:			11096			-					
a (1	) Employers	8a(1)		11030	,	+-						_
(2	Participants	8a(2)		,		╁						
(3	Others (including rollovers)	8a(3)		617	7	+-						_
b o	ther income (loss)	8b		011		-				11713		
C T	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				+						
d B	enefits paid (including direct rollovers and insurance premiums	8d										
to	provide benefits)	8e										
	ertain deemed and/or corrective distributions (see instructions)	8f		335	0							
	dministrative service providers (salaries, fees, commissions)	. 8g										
	other expenses	8h								3350	<u> </u>	
	otal expenses (add lines 8d, 8e, 8f, and 8g)	<b>—</b>				m L				8363		
<u>i N</u>	let income (loss) (subtract line 8h from line 8c)	81										
Part	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	n feature co	des from the List of Pla	an Char	acteris	stic Co	des in ti	ne instruc	tions	3:		
В	2E 2F 2G 23 3D  If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Plar	n Chara	cterist	ic Cod	es in the	e instruct	10115.			
			<u> </u>									
Part	V Compliance Questions				Yes	No	N/A		Am	ount		
10	During the plan year:	نطفتي مساغي	a the time period									
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's	YUIUII(GIY	iduoidi y oon aanan			х						
	Drogram)			10a		· .		<del>-</del>				
b	Were there any genevement transactions with any party-in-interes	st? (Do not	Include transactions	10b		Х						
	reported on line 10a.)					х					-	
C	Was the plan covered by a fidelity bond?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 11 -1	10c	<u> </u>	<del>                                     </del>	<u> </u>					_
d	Did the plan have a loss, whether or not reimbursed by the plan	s fidelity bo	ond, that was caused	10d		X						
	by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or o	ther persor	ns by an insurance			Π				•	•	<b>-</b> 0
е	incurance popules of other organization that provides so	111C OI UII O	CIO DOLLANIE CITE	10e	X						2:	52
	the plan? (See instructions.)	************			╫	X	<del> </del>					
f	Has the plan failed to provide any benefit when due under the pl	an?		10f	<b>├</b> ─	┼─	<del>                                     </del>					
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g	<u></u>	×	ļ					
h	If this is an individual account plan, was there a blackout period	? (See instr	uctions and 29 CFR	10h		X		•				
	2520.101-3.)	the require	ed notice or one of the	7511		1						
. <u> </u>	exceptions to providing the notice applied under 29 CFR 2520.1	01-3	***************************************	10i		├-		<u> </u>		<del></del>	<u></u>	,
j	Did the plan trust incur unrelated business taxable income?			10j	1	!	<u> </u>					
Part	VI Pension Funding Compliance	<del> </del>	M. Z. M 1 - 25 - 25 -	and se	moleta	Scho	dulle SD	(Form	Т			_
11	Is this a defined benefit plan subject to minimum funding require		***************************************					(1 VIIII		Ye	3 X	No
11a	Enter the unnaid minimum required contribution for all years from	m Schedule	∋ SB (Form 5500) line 4	40		<u></u>	., 11a		1		s X	No
12	Is this a defined contribution plan subject to the minimum fundir	ng requiren	nents of section 412 of	the Coo	le or s	ection	302 of I	ERISA?		re	<u> </u>	NO

Form 5500-SF 2015 Page 3 - 1						
to 1.1 mg and lights			of the letter ruling			
a If a waiver of the minimum funding standard for a prior year is being amortized in this piece year.	see instructions, and i	Day	Year Year			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and 50-p		12b				
b Enter the minimum required contribution for this plan year						
to antributed by the employer to the plan for this plan year		12c				
to the second in line 12b. Enter the result tenter a minus sign	I (O die ioir o. a.	12d				
Subtract the amount in line 12c from the amount in line 12c. Electron the amount in line 12c from the amount in line 12c. Electron the amount regative amount)      Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A			
" of Accepta						
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			
13a Has a resolution to terminate the plan been adopted in any plan year.  If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
transferred to another plan,	of blonding and a me a	011001	Yes X No			
			*			
C. If during this plan year, any assets or liabilities were transferred from this plan to another plants	s), identity the plants) to					
which assets or liabilities were transferred. (See instructions.)	13c(2)	EIN(s)	13c(3) PN(s)			
13c(1) Name of plan(s):						
Part VIII Trust Information		14b Trust	r's EIN			
14a Name of trust						
		444 *	stee's or custodian's			
14c Name of trustee or custodian		140 Iru	telephone number			
Part IX IRS Compliance Questions						
		Yes	No			
<b>15a</b> is the plan a 401(k) plan?		Desig	n-			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee defe	errals and employer	based harbo				
matching contributions (as applicable) under sections 40 1(x)(3) and 40 1(x)(2)		metho	<u>od</u>			
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the ADP/ACP testing for the ADP	ng the "current year	Yes	No			
testing method" for nonhighly compensated employees (Treas. Neg seed of the se						
		1 1 1	ntage Average benefit test			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements un	1001 0000011 110(2)	1				
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4	4) by combining	Yes	∐ No			
this plan with any other plans under the permissive aggregation rules.		Yes	□No □N/A			
17a Has the plan been timely amended for all required tax law changes?	. Enter the	applicable c	ode (See instructions			
17b Date the last plan amendment/restatement for the required tax law changes was autopted for tax law changes and codes).			roble IPS opinion or			
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume such	omitter plan that is subj er's serial number	ect to a tavel	able II/O obilion of			
advisory letter, enter the date of that ravorable letter  17d If the plan is an individually-designed plan and received a favorable determination letter from the	he IRS, enter the date	of the plan's	last favorable			
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U	1022(i)(2) has been		∏No			
made), American Samoa, Guarri, the Commonwealth of the North Mariana Issaed & Samoa		Yes	No			
19 Were in-service distributions made during the plan year?	, -	19	•			
If "Yes," enter amount	lless of whether or not	Yes	∏No ∏N/A			
20 Were required minimum distributions made to 5% owners who have attained age 70.72 (regard retired), as required under section 401(a)(9)?		U 163				