

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.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:

☒ a single-employer plan
☐ a one-participant plan

☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☐ a foreign plan

B This return/report is:

☐ the first return/report
☐ an amended return/report

☐ the final return/report
☐ a short plan year return/report (less than 12 months)

C Check box if filing under:

☒ Form 5558
☐ special extension (enter description)

☐ automatic extension

☐ DFVC program

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>HEARTLAND CARDIOVASCULAR CENTER, LLC CASH BALANCE PENSION PLAN AND TRUST</u>	1b Three-digit plan number (PN) ►	<u>003</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CARDIOLOGY ASSOCIATES OF NORTHERN ILLINOIS, LLC</u> <u>DBA HEARTLAND CARDIOVASCULAR CENTER, LLC</u> <u>301 MADISON, STE. 207</u> <u>JOLIET, IL 60435-6654</u>			
3a Plan administrator's name and address ☒ Same as Plan Sponsor.			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.			
a Sponsor's name			
5a Total number of participants at the beginning of the plan year			
b Total number of participants at the end of the plan year			
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)			
d(1) Total number of active participants at the beginning of the plan year			
d(2) Total number of active participants at the end of the plan year			
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested			
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 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	Filed with authorized/valid electronic signature. Signature of plan administrator	09/28/2017 Date	ABDUL SANKARI Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	09/28/2017 Date	ABDUL SANKARI 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)			Preparer's telephone number

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2016)
v.160927

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- 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

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2585342	4036140
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	2585342	4036140
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	1312797	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	151340	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1464137
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4127	
e Certain deemed and/or corrective distributions (see instructions) ..	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	9212	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		13339
i Net income (loss) (subtract line 8h from line 8c)	8i		1450798
j Transfers to (from) the plan (see instructions)	8j		

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:
1A 1C
- 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	N/A	Amount
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		
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 covered by a fidelity bond?	10c	X			500000
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.)	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
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	10i				

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 5500) and line 11a below)	☒ Yes ☐ No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a 0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	☐ Yes ☒ No
(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 ruling 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.	
b Enter the minimum required contribution for this plan year	12b
c 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

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ 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 control of the PBGC?	☐ Yes ☒ No
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):	13c(2) EIN(s)
13c(3) PN(s)	

Part VIII Trust Information

14a Name of trust	14b Trust's EIN
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? If "No," skip b.	☐ Yes	☐ No
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor	☐ "Prior year" ADP test
	☐ "Current year" ADP test	☐ N/A
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test	☐ Average benefit test ☐ N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes	☐ No
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.		
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.		
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	☐ Yes	☐ No
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	☐ Yes	☐ No

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>HEARTLAND CARDIOVASCULAR CENTER, LLC CASH BALANCE PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CARDIOLOGY ASSOCIATES OF NORTHERN ILLINOIS, LLC</u>	D Employer Identification Number (EIN) <u>36-4115235</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>2723342</u>
b Actuarial value	2b <u>2723342</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>0</u> <u>0</u> <u>0</u>
b For terminated vested participants.....	<u>27</u> <u>119183</u> <u>119183</u>
c For active participants.....	<u>20</u> <u>2368295</u> <u>2368295</u>
d Total.....	<u>47</u> <u>2487478</u> <u>2487478</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.91 %</u>
6 Target normal cost.....	6 <u>1181362</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>09/11/2017</u>
	Signature of actuary	Date
<u>DENNIS M. REDDINGTON</u>	Type or print name of actuary	<u>17-06071</u>
<u>PENSION ADVISORY GROUP, LTD.</u>	Firm name	Most recent enrollment number
<u>175 E HAWTHORN PKWY STE 405</u> <u>VERNON HILLS, IL 60061-1468</u>	Address of the firm	<u>847-680-3867</u>
		Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-3.32</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		268060
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.12</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		268060
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	109.48%
15	Adjusted funding target attainment percentage	15	109.48%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	114.36%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/09/2017	1250000	0			
08/21/2017	62797	0			
Totals ►			18(b)	1312797	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 1297237
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost					
21	Discount rate:					
a	Segment rates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
b	Applicable month (enter code)	21b	4			
22	Weighted average retirement age	22	65			
23	Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute					
Part VI	Miscellaneous Items					
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No					
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27				
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years					
28	Unpaid minimum required contributions for all prior years	28	0			
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0			
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0			
Part VIII	Minimum Required Contribution For Current Year					
31	Target normal cost and excess assets (see instructions):					
a	Target normal cost (line 6)	31a	1181362			
b	Excess assets, if applicable, but not greater than line 31a	31b	235864			
32	Amortization installments:	Outstanding Balance	Installment			
a	Net shortfall amortization installment	0	0			
b	Waiver amortization installment	0	0			
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0			
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	945498			
		Carryover balance	Prefunding balance			
35	Balances elected for use to offset funding requirement	0	0			
36	Additional cash requirement (line 34 minus line 35)	36	945498			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1297237			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	351739			
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0			
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0			
40	Unpaid minimum required contributions for all years	40	0			
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)					
41	If an election was made to use PRA 2010 funding relief for this plan:					
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years				
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011				
42	Amount of acceleration adjustment	42				
43	Excess installment acceleration amount to be carried over to future plan years	43				

Schedule SB, line 26 - Schedule of Active Participant Data
Plan Sponsor's Name: Heartland Cardiovascular Center, LLC
Plan Sponsor's EIN: 36-4115235
Plan Number: 003

**Heartland Cardiovascular Center, LLC
Cash Balance Pension Plan and Trust**

Schedule SB, Line 26 - Schedule of Active Participant Data
Valuation as of 12/31/2016 for the Plan Year Ending 12/31/2016

YEARS OF CREDITED SERVICE[illegible]

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Sponsor's Name: Heartland Cardiovascular Center, LLC

Plan Sponsor's EIN: 36-4115235

Plan Number: 003

**Heartland Cardiovascular Center, LLC
Cash Balance Pension Plan and Trust**

**Schedule SB, Line 22 - Description of Weighted Average Retirement Age
Valuation as of 12/31/2016 for the Plan Year Ending 12/31/2016**

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	<u>Subsidized Early</u>
Age:	65		
Service:	0		
Participation:	5		
Defined:	1st of month following		

100% of plan participants are assumed to retire at the later of attained age or normal retirement age.

Heartland Cardiovascular Center, LLC
Cash Balance Pension Plan and Trust

Plan Specifications and Actuarial Assumptions
Valuation as of 12/31/2016 for the Plan Year Ending 12/31/2016

Effective Date	January 1, 2014.
Valuation Date	December 31, 2016
Cash Balance Accrual	a) Class A (Eugene Chiu, Chris Kolyvas): \$175,000. b) Class B (Muawia Martini, Abdulhamid Sankari): \$135,000. c) Class C (Colin W. Sumida, Jong-Joon Yi): \$100,000. d) Class D (Hazem Al Muradi, Aristides De La Hera, John F. Dongas, Robert D. Elgar, Muhamed, Mazen Kawji, Seif Martini, Govind Ramadurai): \$50,000. e) Class E (Ahmad Abdul-Karim, Daniele P. De Girolami): \$25,000. f) Class F (Joann Donoghue, Dennis M. Killian, Sunil C. Shroff): \$10,000. g) Class G (Doctors not in Group A, B, C, D, E, or F): \$0. h) Class H (Non-Owner Participants): 4.25% of compensation.
Cash Balance Account	The Accumulation of the Cash Accruals credited with 5.000% interest.
Monthly Pension	The monthly annuity actuarially equivalent to the Cash Balance Account.
Eligibility Requirements	a) Minimum years of service: 2. b) Minimum age: 21. c) Participant enters plan on entry date following completion of eligibility requirements d) Entry date: January 1, July 1.
Normal Retirement Age	1st of month following attainment of age 65 or 5 years of participation, if later.
Funding Provisions	Pension Protection Act of 2006, end of year funding.

Heartland Cardiovascular Center, LLC
Cash Balance Pension Plan and Trust

Plan Specifications and Actuarial Assumptions
Valuation as of 12/31/2016 for the Plan Year Ending 12/31/2016

Type of Annuity	Life Annuity
Top Heavy Status	This plan has been determined to be Top Heavy for the current plan year. Top Heavy benefits are provided in the plan sponsor's defined contribution plan.
Vesting Schedule	100% full and immediate vesting.
Asset Valuation	Fair market value.
Actuarial Equivalence	
Pre-Retirement:	a) Interest: 5.000%. b) Mortality: None.
Post Retirement:	a) Interest: 5.000%. b) Mortality: GAR 1994.

Heartland Cardiovascular Center, LLC
Cash Balance Pension Plan and Trust

Plan Specifications and Actuarial Assumptions
Valuation as of 12/31/2016 for the Plan Year Ending 12/31/2016

Male Nonannuitant:	2016 Nonannuitant Male		
Female Nonannuitant:	2016 Nonannuitant Female		
Male Annuitant:	2016 Annuitant Male		
Female Annuitant:	2016 Annuitant Female		
Male Projection:	N/A		
Female Projection:	N/A		
Applicable months from valuation month:	4		
Probability of lump sum:	99.00%		
	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates (Maximum Deductible Contribution):	1.51	3.83	4.82
High Quality Bond rates:	N/A	N/A	N/A
Segment rates (Minimum Required Contribution):	4.43	5.91	6.65
Overrides:	0.00	0.00	0.00
Use optional combined mortality table for small plans:	Yes		
Male:	2016 Optional table small plans Male		
Female:	2016 Optional table small plans Female		
Male weighting:	2016 Optional table small plans Male		
Female weighting:	2016 Optional table small plans Female		
Use discount rate transition:	No		
Actuarial Equivalent Floor			
Stability period:	plan year		
Lookback months:	5		
Nonannuitant:	N/A		
Annuitant:	2016 Applicable		
	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	1.68	4.05	4.98
Override:	0.00	0.00	0.00

Heartland Cardiovascular Center, LLC
Cash Balance Pension Plan and Trust

Plan Specifications and Actuarial Assumptions
Valuation as of 12/31/2016 for the Plan Year Ending 12/31/2016

Effective Date	January 1, 2014.
Valuation Date	December 31, 2016
Cash Balance Accrual	a) Class A (Eugene Chiu, Chris Kolyvas): \$175,000. b) Class B (Muawia Martini, Abdulhamid Sankari): \$135,000. c) Class C (Colin W. Sumida, Jong-Joon Yi): \$100,000. d) Class D (Hazem Al Muradi, Aristides De La Hera, John F. Dongas, Robert D. Elgar, Muhamed, Mazen Kawji, Seif Martini, Govind Ramadurai): \$50,000. e) Class E (Ahmad Abdul-Karim, Daniele P. De Girolami): \$25,000. f) Class F (Joann Donoghue, Dennis M. Killian, Sunil C. Shroff): \$10,000. g) Class G (Doctors not in Group A, B, C, D, E, or F): \$0. h) Class H (Non-Owner Participants): 4.25% of compensation.
Cash Balance Account	The Accumulation of the Cash Accruals credited with 5.000% interest.
Monthly Pension	The monthly annuity actuarially equivalent to the Cash Balance Account.
Eligibility Requirements	a) Minimum years of service: 2. b) Minimum age: 21. c) Participant enters plan on entry date following completion of eligibility requirements d) Entry date: January 1, July 1.
Normal Retirement Age	1st of month following attainment of age 65 or 5 years of participation, if later.
Funding Provisions	Pension Protection Act of 2006, end of year funding.

Heartland Cardiovascular Center, LLC
Cash Balance Pension Plan and Trust

Plan Specifications and Actuarial Assumptions
Valuation as of 12/31/2016 for the Plan Year Ending 12/31/2016

Type of Annuity	Life Annuity
Top Heavy Status	This plan has been determined to be Top Heavy for the current plan year. Top Heavy benefits are provided in the plan sponsor's defined contribution plan.
Vesting Schedule	100% full and immediate vesting.
Asset Valuation	Fair market value.
Actuarial Equivalence	
Pre-Retirement:	a) Interest: 5.000%. b) Mortality: None.
Post Retirement:	a) Interest: 5.000%. b) Mortality: GAR 1994.

Heartland Cardiovascular Center, LLC

Cash Balance Pension Plan and Trust

Plan Specifications and Actuarial Assumptions Valuation as of 12/31/2016 for the Plan Year Ending 12/31/2016

Male Nonannuitant:	2016 Nonannuitant Male			
Female Nonannuitant:	2016 Nonannuitant Female			
Male Annuitant:	2016 Annuitant Male			
Female Annuitant:	2016 Annuitant Female			
Male Projection:	N/A			
Female Projection:	N/A			
Applicable months from valuation month:	4			
Probability of lump sum:	99.00%			
		<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates (Maximum Deductible Contribution):	1.51	3.83	4.82	
High Quality Bond rates:	N/A	N/A	N/A	
Segment rates (Minimum Required Contribution):	4.43	5.91	6.65	
Overrides:	0.00	0.00	0.00	
Use optional combined mortality table for small plans:	Yes			
Male:	2016 Optional table small plans Male			
Female:	2016 Optional table small plans Female			
Male weighting:	2016 Optional table small plans Male			
Female weighting:	2016 Optional table small plans Female			
Use discount rate transition:	No			
Actuarial Equivalent Floor				
Stability period:	plan year			
Lookback months:	5			
Nonannuitant:	N/A			
Annuitant:	2016 Applicable			
		<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	1.68	4.05	4.98	
Override:	0.00	0.00	0.00	

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan HEARTLAND CARDIOVASCULAR CENTER, LLC CASH BALANCE PENSION PLAN AND TRUST	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CARDIOLOGY ASSOCIATES OF NORTHERN ILLINOIS, LLC	D Employer Identification Number (EIN) 36-4115235	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2016</u>			
2 Assets:			
a Market value.....	2a	2,723,342	
b Actuarial value.....	2b	2,723,342	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	0	0	0
b For terminated vested participants.....	27	119,183	119,183
c For active participants.....	20	2,368,295	2,368,295
d Total.....	47	2,487,478	2,487,478
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.91%	
6 Target normal cost.....	6	1,181,362	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>09/11/2017</u> Date <u>1706071</u> Most recent enrollment number <u>847-680-3867</u> Telephone number (including area code)
DENNIS M. REDDINGTON Type or print name of actuary PENSION ADVISORY GROUP, LTD. Firm name 175 E HAWTHORN PKWY STE 405 VERNON HILLS IL 60061-1468 Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>-3.32%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		268,060
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.12%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		268,060
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	109.48%
15 Adjusted funding target attainment percentage	15	109.48%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	114.36%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/09/2017	1,250,000	0			
08/21/2017	62,797	0			
Totals ►			18(b)	1,312,797	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,297,237

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year?..... ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.43 %2nd segment:
5.91 %3rd segment:
6.65 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

1,181,362

b Excess assets, if applicable, but not greater than line 31a**31b**

235,864

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33**

0

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....**34**

945,498

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement.....

0

0

0

36 Additional cash requirement (line 34 minus line 35).....**36**

945,498

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

1,297,237

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

351,739

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment**42****43** Excess installment acceleration amount to be carried over to future plan years**43**