Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

English and a second	Annual Repor					
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/2	2016 	and ending 1	2/31/2016	
		🛚 a single-employer plan		lan (not multiemployer)		
A This ret	turn/report is for:		_ ' ' "	mployer information in a	ccordance with th	ne form instructions.)
		a one-participant plan	a foreign plan			
D		The first return/report	The final return/renert			
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	
C Check b	box if filing under:	X Form 5558	automatic extension		DFVC progra	am
	-	special extension (enter desc				2111
Dort II	Dania Dian Inf	<u> </u>	' ′			
Part II		ormation—enter all requested in	ntormation		1b Thurs die	.:.
1a Name	•	RE, PA DEFINED BENEFIT PENSIC	ON PLAN		1b Three-dig plan numl	
OOM: LETE	Oran Diozooti Oran	ic, i / Bei ineb benei ii i enoic			(PN) ▶	002
					1c Effective	date of plan
						01/01/2015
2a Plan sp	ponsor's name (emp	loyer, if for a single-employer plan)			2b Employer	Identification Number
		om, apt., suite no. and street, or P.0		tructions)	(EIN)	91-1896241
	CARDIOLOGY CAR	nce, country, and ZIP or foreign posi	tai code (ii foreign, see ins	tructions)		s telephone number
	07.11.12.10.20.01.07.11.1	_,				86-424-8440
					2d Business	code (see instructions)
	EWAY STE C NA, FL 32169-5300					621111
	,. 2 02.00 0000					
3a Plan a	dministrator's name	and address X Same as Plan Spo	ncor		3b Administra	ator's FIN
Ja Flalla	ummistrator s name a	and address A Same as Flair Spo	11501.		3D Administra	ator 5 Liiv
					3c Administra	ator's telephone number
						•
4 If the r	name and/or FIN of t	he plan sponsor has changed since	the last return/report filed	for this plan, enter the	4h FIN	
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	
name,			the last return/report filed	for this plan, enter the	4b EIN 4c PN	
name, a Sponso	, EIN, and the plan nor's name		·			8
a Sponso	, EIN, and the plan nor's name	umber from the last return/report.			4c PN	8 8
name, a Sponso 5a Total r b Total r	, EIN, and the plan nor's name number of participant number of participant	umber from the last return/report. ts at the beginning of the plan year			4c PN 5a 5b	
name, a Sponse 5a Total r b Total r C Number	, EIN, and the plan n or's name number of participant number of participant er of participants with	umber from the last return/report.	the plan year (only defined	d contribution plans	4c PN 5a	
a Sponso 5a Total r b Total r c Number	, EIN, and the plan nor's name number of participant number of participant er of participants with lete this item)	umber from the last return/report. Its at the beginning of the plan year. Its at the end of the plan year It account balances as of the end of	the plan year (only defined	d contribution plans	4c PN 5a 5b	
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	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)												
	<u> </u>	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	X No	Not o	determined			
7 Pa	rt III Financial Information		(a) B a min min m	- ()/				(I.) F	1 - C V				
	Plan Assets and Liabilities Total plan assets	7a	(a) Beginning o	ot Year 989260				(b) End	of Year 2566	838			
	Total plan assets	7a 7b		0						0			
	Net plan assets (subtract line 7b from line 7a)	7c	1	989260					2566	838			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt		(b) Total							
	Contributions received or receivable from:		` ,					(-,					
	(1) Employers	8a(1)		577578									
	(2) Participants	8a(2)		0									
	(3) Others (including rollovers)	8a(3)		0									
	Other income (loss)	8b		0									
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							577	578			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0									
е	Certain deemed and/or corrective distributions (see instructions).	8e		0									
f	Administrative service providers (salaries, fees, commissions)	8f		0									
g	Other expenses	8g		0									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0			
i	Net income (loss) (subtract line 8h from line 8c)	8i							577	578			
j	Transfers to (from) the plan (see instructions)	8j		0									
Par	t IV Plan Characteristics	-											
9a	If the plan provides pension benefits, enter the applicable pension $\frac{1}{1}$ A $\frac{3}{1}$ D	feature co	odes from the List of PI	an Cha	racteri	stic Co	des in	the ins	tructions:				
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Coc	les in t	he instr	uctions:				
Par	t 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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X			711100				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	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's by fraud or dishonesty?			10d		X							
е		ner persor ne or all of	s by an insurance the benefits under	10e		X							
f	Has the plan failed to provide any benefit when due under the pla		10f		X								
g	Did the plan have any participant loans? (If "Yes," enter amount a	end.)	10g		X								
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h									
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									

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		T		
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he 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	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	^d [Prior ye test	ear" ADP
			ΙП '	"Curre	ent year test	"	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s [No	

SCHEDULE SB (Form 5500)

Department of Labor

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury Internal Revenue Service

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

_ F0	r calendar pla	n year 2016	or fiscal plan	year beginning	01/01/201	16		and endin	g 12/	31/2016	
			nearest dollar	sessed for late filir	na of this ren	oort unless reason	nable caus	se is establishe			
Α	Name of plan			DEFINED BENEF			lable caus	B Three-dig	git	u) 🕨	002
	•		shown on line 2 GY CARE, PA	2a of Form 5500 or	D Employer	Identific	eation Number (E 96241	EIN)			
	Type of plan:		Multiple-A	Multiple-B		F Prior year pla	an size: X	100 or fewer	101-	-500 More th	an 500
		asic Infor									
1		aluation dat	e:	Month 12	Day <u>3</u>	1 Year <u>2</u>	016			Ī	
2	Assets:	-1							2a		1531262
									2b		
3			ant count brea	kdown			(1) N	lumber of ticipants	(2) Ve	sted Funding Target	1531262 (3) Total Funding Target
	a For retire	d participan	ts and benefic	iaries receiving pa	yment			0		0	0
	b For term	inated veste	d participants.					9		308896	308896
	c For active	e participant	s					8		478616	588597
	d Total							17		787512	897493
4				ne box and comple							
	a Funding	target disre	garding prescri	bed at-risk assum	ptions				4a		
				sumptions, but disreve years and disre							
5	Effective in	terest rate							5		5.97%
6	Target norr	nal cost							6		370102
	accordance with a	knowledge, the applicable law a	information supplied		sumption is reas						assumption was applied in d such other assumptions, in
	HERE									10/16/201	7
			Sign	nature of actuary						Date	
	AARON VENC	UZIOU								17-02291	
			Type or	print name of actua	ary				Most	recent enrollmer	nt number
F	PENCERT, LT	D								630-789-07	00
	735 NORTH C WESTMONT,			Firm name				Te	elephone	e number (includ	ing area code)
			Ac	dress of the firm				-			
	e actuary has	not fully refl	ected any regu	ulation or ruling pro	omulgated ur	nder the statute in	n completi	ng this schedule	e, check	the box and see	e []

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uuu	_	

Pá	art II	Begir	ning of Year	Carryov	er and Prefunding E	Bala	nces								
	•								(a) C	arryover balance		(b) F	refundir	ng balance	
7		_	•		able adjustments (line 13 fr					()			0	ı
8			•	-	nding requirement (line 35		-			()			0	l
9	Amount	remaining	g (line 7 minus line	∋ 8)						()			0	1
10	Interest	on line 9	using prior year's	actual retu	rn of%					()			0	l
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:										
a Present value of excess contributions (line 38a from prior year)														0)
	the excess, if any, B, using prior year	_%								0)				
b(2) Interest on line 38b from prior year return														0)
	C Total a	available a	t beginning of curre	ent plan yea	ar to add to prefunding balan	ce								0)
d Portion of (c) to be added to prefunding balance									0						
12	Other re	ductions i	in balances due to	elections	or deemed elections					()			0)
13	Balance	at beginn	ning of current yea	ır (line 9 +	line 10 + line 11d – line 12))				()			0	1
Р	art III	Fun	ding Percenta	ages			<u> </u>				L				
14	Funding												14	170.6	1%
													15	120.8	0%
	Prior yea	ar's fundir	ng percentage for	purposes o	of determining whether car	ryove	er/prefund	ding	balance	es may be used to	reduce	current	16	0.0	00%
17	•				less than 70 percent of the								17		%
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls										
18	Contribu	itions mad	de to the plan for t	he plan ye	ar by employer(s) and emp	oloye	es:								
(1)	(a) Dat //M-DD-Y		(b) Amount p employer		(c) Amount paid by employees		(a) D (MM-DD		YY)	(b) Amount pa employer(-	(c	Amoui emplo	nt paid by byees	
0	9/14/201	7		306660	0									-	
0	9/14/201	7		203742	0	1									
0	9/14/201	7		67176	0	ı									
						T	otals ►		18(b)		577578	18(c)			0
19	Discoun	ted emplo	yer contributions	– see instr	uctions for small plan with	a val	luation da	ate a	fter the	beginning of the y	ear:				
	a Contri	ibutions a	llocated toward ur	npaid minir	mum required contributions	fron	n prior yea	ars.			19a			(0
	b Contributions made to avoid restrictions adjusted to valuation date										0				
	C Contri	butions all	ocated toward min	imum requi	ired contribution for current y	ear a	adjusted to	o val	uation d	ate '	19c			(0
20			itions and liquidity												
a Did the plan have a "funding shortfall" for the prior year?									Yes	No					
			•		installments for the current	•		a ti	mely ma	anner?			X	Yes	No
	C If line	20a is "Y	es," see instructio	ns and cor	mplete the following table a										
		(1) 1s	<u> </u>		Liquidity shortfall as of e	nd of	t quarter o	of th		/ear 3rd	E		(4) 4th		
		(1) 15	0		(z) Ziiu 0				(3)	0			(4) 4th		
			<u> </u>	<u> </u>											

P	art V	Assumption	ons Used to	Determine	Funding Target a	nd Targe	et Normal Cost						
21	Discount	rate:											
	a Segm	ent rates:	1st seg	ment: 4.43%	2nd segment 5.91%		3rd segment: 6.65 %			N/A, full y	ield cu	rve used	
	b Applic	able month (en	ter code)					21b			0		
22	Weighted	d average retire	ement age					22			62		
23	Mortality	table(s) (see i	nstructions)	X Pres	cribed - combined	Prescri	bed - separate	Substit	ute				
Pa	art VI	Miscellane	ous Items					_					
				escribed actua	arial assumptions for the	current nla	n year? If "Ves " see i	netruction	ne roo	narding regu	ired		_
		-			anai assumptions for the		-				_	es 🛚 No)
25	Has a me	ethod change b	een made for th	ne current plar	n year? If "Yes," see ins	tructions reg	parding required attach	nment			Ye	es X No)
26	Is the pla	n required to p	rovide a Sched	ule of Active P	articipants? If "Yes," se	e instruction	s regarding required a	attachmer	nt		Ye	es 🛚 No)
27					r applicable code and se			27					
P	art VII				ım Required Cont				1				_
28					ears			28				0	
29	Discount	ed employer co	ontributions allo	cated toward u	unpaid minimum require	d contributio	ns from prior years	29				0	
30		,			ibutions (line 28 minus l			30				0	
	art VIII	ř –	•		For Current Year			l	1				
			excess assets										
				`				31a			;	370102	
	b Excess	s assets, if appl	licable, but not	greater than lir	ne 31a			31b			;	370102	
32	Amortiza	tion installment	ts:				Outstanding Bala	nce		Inst	allment	t	
	a Net she	ortfall amortiza	tion installment					0				0	
	b Waive	r amortization i	nstallment					0				0	
33					r the date of the ruling le	_		33				0	
34	Total fun	ding requireme	ent before reflec	ting carryover/	prefunding balances (lir	nes 31a - 31	b + 32a + 32b - 33)	34				0	_
					Carryover balan	се	Prefunding balar	nce		Total	baland	е	
35			e to offset fundi										
								20					
			`					36				0	
37					tribution for current year			37				0	
38	Present	value of excess	contributions for	or current year	(see instructions)			1	1				
	_ `	•		,				38a				0	
					efunding and funding sta	-		38b				0	
39		· · · · · · · · · · · · · · · · · · ·			ir (excess, if any, of line			39				0	
40					Damaian Daliaf Aat			40				0	
	rt IX				Pension Relief Act	01 2010 (See instructions	5)					
41			to use PRA 20°					F	1				
										olus 7 years		5 years	
					a was made				800	2009	2010	2011	
								42					
43	Excess in	stallment acce	leration amount	to be carried	over to future plan years	3		43					

Department of the Treasury

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions. ▶ Information about Form 5558 and its instructions is at www.irs.gov/form5558 OMB No. 1545-0212

File With IRS Only

Part I	Identification	
	IOENTIFICATION	ı

			3.gov/	*********	is at v	nal Revenue Service	ntern					
						art I Identification	Pa					
tions) ligits XX-XXXXX	see instructions er (EIN)(9 digits)	-	yer identi	Employ	В	Name of filer, plan administrator, or plan sponsor (see instructions) Complete Cardiology Care, PA						
			396241	91-18		Number, street, and room or suite no. (If a P.O. box, see instructions)						
XX-XX-XXXX)	(9 digits XXX-XX	number (SSN) (9	security	Social		161 N Causeway Ste C						
						City or town, state, and ZIP code						
a 11 a 41	on woon on di	Die	—			New Smyrna FL 32169-5300						
	an year endi DD	MM		Plan umbe	r	Plan name	;					
1 201	31	12	2	0	0	Complete Cardiology Care, PA Defined Benefit Pension Plan						
					SSA	art II Extension of Time To File Form 5500 Series, and/or Form 895	Pa					
the plan liste	report for the	ries return/re	500 se	orm 5	e first F	Check this box if you are requesting an extension of time on line 2 to file in Part 1, C above.	1					
		ructions).				2 I request an extension of time until 10 / 16 / 2017 to file Form Note. A signature IS NOT required if you are requesting an extension to file	2					
		uctions).		`		I request an extension of time until 10 / 16 / 2017 to file Form Note. A signature IS NOT required if you are requesting an extension to file	3					
			reque	sion is	s exten	The application is automatically approved to the date shown on line 2 and/the normal due date of Form 5500 series, and/or Form 8955-SSA for which the and/or line 3 (above) is not later than the 15th day of the third month after the						
						rt III Extension of Time To File Form 5330 (see instructions)	Pai					
).	Form 5330.	date o	al due		I request an extension of time until / / to file Form You may be approved for up to a 6 month extension to file Form 5330, after	4					
				а	•	a Enter the Code section(s) imposing the tax	i					
	b	. •				b Enter the payment amount attached	ı					
	С	. ▶	date.	lment	/ameno	 For excise taxes under section 4980 or 4980F of the Code, enter the reversion State in detail why you need the extension: 	5					
		·										

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

_	calen		scal plan year beginning	01/01/2016	and ending	12/31/20	116
1 01	caleri	uai pian year 2010 or ii			plan (not multiemployer) (l		
Α	This r	eturn/report is for:	x a single-employer plan	a list of participating	employer information in a	•	
R	Thic r	eturn/report is:	a one-participant plan the first return/report	a foreign plan the final return/report			
_	11113 11	etum/report is.	H	H .	rn/report (less than 12 mo	antha)	
			an amended return/report	a short plan year retu	im/report (less than 12 mi	oritris)	
С	Check	box if filing under:	x Form 5558 special extension (enter descri	automatic extension		DFVC	program
	4 11		<u> </u>	. ,			
	art II	<u> Basic Pian Inte</u> ne of plan	ormation enter all requested i	information		1b Three-did	ait
ıa		•	. Come Da Doffined Denot	fit Dengies Dles		plan num	nber
	COII	piete Cardiolog	y Care, PA Defined Bene	rit Pension Plan		(PN) ►	002
						1c Effective 01/01/	•
2a	Mail	ing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign posta		ructions)		r Identification Number 11-1896241
	-	plete Cardiolog		ar oodo (ii foroigii, ooo iiioi	. dollorio)	2c Sponsor'	s telephone number
		_	-			` ` ` ` '	424-8440
	161	N Causeway Ste	С			2d Business 621111	s code (see instructions)
	US N	New Smyrna FL 32169-	5300				
3a	Plan	administrator's name a	ind address 🗓 Same as Plan Spo	onsor		3b Administ	rator's EIN
						3c Administ	rator's telephone number
4	If the	nome and/or EIN of th	e plan sponsor has changed since t	ha last ratura/rapart filed f	or this plan, optor the	4b EIN	
-			e plair sponsor has changed since t mber from the last return/report.	ne last return/report nied i	or triis plan, enter the	40 = 111	
а		nsor's name	·			4c PN	
5a	Tota	I number of participants	at the beginning of the plan year	•••••	••••••	5a	8
b	Tota	I number of participants	s at the end of the plan year	•••••	••••••	5b	8
С			account balances as of the end of t		·	5c	
d('	rticipants at the beginning of the pla		••••••••••••	5d(1)	8
d((2) To	tal number of active pa	rticipants at the end of the plan year		••••••	5d(2)	8
е		th 4000/ t t	terminated employment during the p			5e	0
C	ution	· A nenalty for the late	or incomplete filing of this return	n/report will be assessed	l unless reasonable cau	se is establish	ned.
Ur	nder pe	enalties of perjury and o	other penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/rep	oort, including, it	f applicable, a Schedule
		is true, correct, and cor		as well as the electronic ve	rision of this return/report	, and to the bes	to my knowledge and
S	IGN				Hujian James War	ng, Truste	9
Н	IERE	Signature of plan adr	ninistrator	Date	Enter name of individua	ıl signing as pla	n administrator
S	IGN				Hujian James War	ng, Truste	e
_	IERE	Signature of employe	er/plan sponsor	Date	Enter name of individua	al signing as em	ployer or plan sponsor
		's name (including firm	name, if applicable) and address (ir	nclude room or suite numb	er)	Preparer's tele	phone number
	ap u	no question				omp una t	140000011

	Form 5500-SF 2016		Page 2								
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (\$	See instructions.)		•••••	•••••	•••••	•••••	XYes	□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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
С	If the plan is a defined benefit plan, is it covered under the PBGC ins					_	_	X No	o	letermined	
P	art III Financial Information	<u> </u>				_					
7	Plan Assets and Liabilities		(a) Beginning of	Yea	r	Τ		(b) End	of Year		
a	Total plan assets	7a	1,98	39,2	60	1		· /	2,566	,838	
b	Total plan liabilities	7b			0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	1,98	39,2	60				2,566,838		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b)	Total		
а	Contributions received or receivable from:	90(4)	57	77 5	72						
	(1) Employers	8a(1)	37	77,5	0						
	(2) Participants	8a(2)			0						
b	(3) Others (including rollovers)	8a(3) 8b			0						
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							E77	,578	
d	Benefits paid (including direct rollovers and insurance premiums								377	, 370	
	to provide benefits)	8d			0						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			0						
<u>g</u>	Other expenses	8g			0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-				0	
÷	Net income (loss) (subtract line 8h from line 8c)	8i							577	,578	
	Transfers to (from) the plan (see instructions)	8j			0						
$\overline{}$	art IV Plan Characteristics										
9а 	If the plan provides pension benefits, enter the applicable pension fe 1A 3D	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	e instruct	ions:		
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	s from the List of Plan Cha	racte	ristic (Codes	in the	instructio	ons:		
Pa	art V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
a	, ,,,		•								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	•	, and the second								
	Program) Were there any nonexempt transactions with any party-in-interest?			10a		Х					
	reported on line 10a.)	•		10b		x					
				10c		х					
C	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					х					
€	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.)					х					
f	Has the plan failed to provide any benefit when due under the plan?			10f		х					
	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х					
ŀ		See instru	ctions and 29 CFR	10h							
i	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										

Form 5500-SF 2016

Page 3 -

Part	: VI	Pension Funding Compliance						
11		defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 500 and line 11a below)				☐ Yes	No	
<u>11a</u>	Enter th	e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a				
12	ERISA?	defined contribution plan subject to the minimum funding requirements of section 412 of the				☐ Yes	X No	
а	If a wai	er of the minimum funding standard for a prior year is being amortized in this plan year, see it	· ·			of the letter r	uling	
If v	granting the waiver							
b								
С	Enter th	e amount contributed by the employer to the plan for the plan year	•••••	12c				
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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 r	esolution to terminate the plan been adopted in any plan year?	•••••	[Yes	X No		
	If "Yes,	enter the amount of any plan assets that reverted to the employer this year	••••••	13a				
b		the plan assets distributed to participants or beneficiaries, transferred to another plan, or broof the PBGC?	•	e		Yes X	lo	
С		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide ssets or liabilities were transferred. (See instructions.)	entify the plan	s) to				
1:	3c(1) Na	me of plan(s):	13c(2) E	EIN(s)		13c(3) P	V(s)	
	1							
Part	: VIII	Trust Information - Skip These Questions						
14a	Name o	f trust		14b	Trust's E	IN		
14c	Name o	f trustee or custodian		14d		or custodian's e number		
Part	IX	IRS Compliance Questions - Skip These Questions						
		an a 401(k) plan? If "No," skip b.		⁄es		☐ No		
15b	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: "Prior year" ADI test "Current year" ADP test N/A							
16a	16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:							
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(d) plan year by combining this plan with any other plan under the permissive aggregation rules?		⁄es		☐ No		
17a	If the pl	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable II r/ and serial number	RS opinion let	ter or a	dvisory let	tter, enter the	date of	
17b		an is an individually-designed plan that received a favorable determination letter from the IRS	, enter the da	te of the	e most rec	ent determina	tion	
18	Defined Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not s			Yes	☐ No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?							

Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

Complete Cardiology Care, PA Defined Benefit Pension Plan 91-1896241 / 002

For the plan year 01/01/2016 through 12/31/2016

Valuation Date: 12/31/2016

As prescribed in IRC Section 430 **Funding Method:**

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Highest 3 consecutive years of participation

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Interest Rates -

permitted under IRC 430(h)(2)(C) Segment # Year Rate % 0 - 5 Segment 1 1.55 Segment 2 6 - 20 3.76 Segment 3 > 20 4.73

Segment rates for the Valuation Date as

Segment rates as of September 30, 2015 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA						
Segment #	Year	Rate %				
Segment 1	0 - 5	4.43				
Segment 2	6 - 20	5.91				
Segment 3	> 20	6.65				

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -16C - 2016 Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Lump Sum -183F - 1983 Individual Annuity (female) at 5%

16E - 2016 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -8.5% 8.5% Post-Retirement - Interest -

> Mortality Table -G71M - 1971 Group Annuity (male)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Complete Cardiology Care, PA Defined Benefit Pension Plan 91-1896241 / 002

For the plan year 01/01/2016 through 12/31/2016

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Schedule SB, Part V Summary of Plan Provisions

Complete Cardiology Care, PA Defined Benefit Pension Plan 91-1896241 / 002

For the plan year 01/01/2016 through 12/31/2016

Employer: Complete Cardiology Care, PA

Type of Entity - C-Corporation

EIN: 91-1896241 TIN: 47-1800112 Plan #: 002 Plan Type: Defined Benefit

Dates: Effective - 01/01/2015 Year end - 12/31/2016 Valuation - 12/31/2016

Top Heavy Years - 2016

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of participation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the unit credit benefit formula below:

10% of average monthly compensation per year of service beginning year 1 limited to 10 year(s)

\$87,000.00 per year of service beginning year 1 limited to 10 year(s)

3% of average monthly compensation per year of service beginning year 1 limited to 10 year(s)

Accrued Benefit - Unit credit based on service

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Face Amount

Top Heavy Minimum: 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$265,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

<u>Vesting Schedule:</u> Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Complete Cardiology Care, PA Defined Benefit Pension Plan 91-1896241 / 002

For the plan year 01/01/2016 through 12/31/2016

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.82
Segment 2	6 - 20	4.12
Segment 3	> 20	5.01

Mortality Table - 16E - 2016 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 183F - 1983 Individual Annuity (female)

COMCARDB2

October 16, 2017

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

Complete Cardiology Care, PA Defined Benefit Pension Plan 91-1896241 / 002 For the plan year 01/01/2016 through 12/31/2016

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 19 - Discounted Employer Contributions

Complete Cardiology Care, PA Defined Benefit Pension Plan 91-1896241 / 002

For the plan year 01/01/2016 through 12/31/2016 Valuation Date: 12/31/2016

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	09/14/2017	\$306,660					
Deposited Contribution	09/14/2017	\$67,176					
Deposited Contribution	09/14/2017	\$203,742					
Applied to Additional Contribution	12/31/2016	306,660	294,392	0	0	5.97	0
Applied to Additional Contribution	12/31/2016	67,176	64,489	0	0	5.97	0
Applied to Additional Contribution	12/31/2016	203,742	195,591	0	0	5.97	0
Totals for Deposited Contribution		\$577,578	\$554,472	\$0	\$0		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration **Pension Benefit Guaranty Corporation**

This schedule is required to be filed under section 104 of the Employee

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

Single-Employer Defined Benefit Plan **Actuarial Information**

▶ File as an attachment to Form 5500 or 5500-SF. 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 Three-digit 002 Complete Cardiology Care, PA Defined Benefit Pension Plan plan number (PN) C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF **D** Employer Identification Number (EIN) Complete Cardiology Care, PA 91-1896241 **F** Prior year plan size: x 100 or fewer 101-500 E Type of plan: X Single Multiple-A Multiple-B More than 500 Part I **Basic Information** Enter the valuation date: Month Day Year 2016 Assets: 1,531,262 2a **b** Actuarial value 1,531,262 (3) Total Funding Funding target/participant count breakdown: (1) Number of (2) Vested Funding participants **Target** Target 0 0 0 a For retired participants and beneficiaries receiving payment 9 308,896 308,896 **b** For terminated vested participants 8 478,616 588,597 **C** For active participants 17 787,512 897,493 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 4b at-risk status for fewer than five consecutive years and disregarding loading factor 5.97 % 5 Effective interest rate Target normal cost 370,<u>102</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 presribed 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** 10/16/2017 Signature of actuary Date Aaron Venouziou 17-02291 Type or print name of actuary Most recent enrollment number (630) 789-0700 Pencert, LTD Firm name Telephone number (including area code) 735 North Cass Ave US Westmont IL 60559 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

Schedule SB (Form 5500) 2016	age 2	
Beginning of Year Carryover and Prefunding Balance	es	
	(a) Carryover balance	(b) Prefundi
alance at beginning of prior year after applicable adjustments (line 13 from prior)		
ortion elected for use to offset prior year's funding requirement (line 35 from or year)	0	
nount remaining (line 7 minus line 8)	0	
erest on line 9 using prior year's actual return of0.00%	0	

			_		() (2 1 1				
					(a) (Carryover balance	(b) Prefundi	ng balance	
7	Balance at be	eginning of prior year after appli	icable adjustments (line 13 fror	n prior						
						0				0
8	Dortion close	ed for use to offset prior year's f	funding requirement (line 25 fro	.m						
0						0				0
	, , , , , , , , , , , , , , , , , , ,									
9	Amount rema	aining (line 7 minus line 8)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		0				0
10	Interest on lir	ne 9 using prior year's actual ret	turn of0.00%			0				0
11	Prior year's e	excess contributions to be added	d to prefunding balance:							
	a Present va	alue of excess contributions (lin	e 38a from prior year)							0
	b(1) Interes	t on the excess, if any, of line 3	8a over line 38b from prior yea	r						
	. ,	ule SB, using prior year's effecti	•							
	3004	and 22 , admig prior year o erroon		/500000						0
	b(2) Interes	t on line 38b from prior year Sc	hedule SB, using prior year's a	ctual						
	return								0	
	C Total available at beginning of current plan year to add to prefunding balance.								0	
	d Portion of	(c) to be added to prefunding b	alance							0
42										
		ions in balances due to election				0				0
13	Balance at be	eginning of current year (line 9 -	+ line 10 + line 11d - line 12) •	•••••		0				0
Pa	rt III F	unding Percentages								
14	Funding targe	et attainment percentage		• • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •		14	170.61	%
15	Adjusted fund	ding target attainment percenta	ge		•••••			15	120.80	%
16	Prior year's fu	unding percentage for purposes	s of determining whether carry	ver/prefu	nding balai	nces may be used to redu	ıce	16		
		s funding requirement						'0	0.00	%
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage					17		%		
Pa	Part IV Contributions and Liquidity Shortfalls									
	18 Contributions made to the plan for the plan year by employer(s) and employees:									
		(b) Amount paid by	(c) Amount paid by	,	Date	(b) Amount paid b	.,	(a) Ama	unt paid by	
(a) Date (MM-DD-YYYY)		employer(s)	employees		Date D-YYYY)	employer(s)	У		unt paid by oyees	
,		306,660	5p.0,000	`	/2017	. , , ,	176	O.IIP		
09/14/2017		300,660		09/14	/ ZUI /	67,	T / 0			

	The state of the s
Part IV	Contributions and Liquidity Shortfalls

(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
09/14/2017	306,660		09/14/2017	67,176	
09/14/2017	203,742				
			Totals ► 18(b)	577,578	18(c) 0

19	Discounted employer contributions see instructions for small plan with a valuation date after the beginning of the	ne year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
	Louis and the state of the stat	401-	

b Contributions made to avoid restrictions adjusted to valuation date 19b 19c c Contributions allocated toward minimum required contribution for current year adjusted to valuation date ...

0

20 Quarterly contributions and liquidity shortfalls:

Part I

	· · · · · · · · · · · · · · · · · · ·				$\overline{}$
а	Did the plan have a "funding shortfall" for the prior year?	[X Yes	<u> </u>	٧c
b	If line 20a is "Yes." were required quarterly installments for the current year made in a timely manner?		x Yes		Nc

Ŋ	ii iine zua is res	s, were required quarter	y installments for the curre	nt year made in a tin	iely manner?	•••••	····· [x res [100
С	If line 20a is "Yes	s," see instructions and c	omplete the following table	as applicable:					

	9					
Liquidity shortfall as of end of quarter of this plan year						
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th			

Pa	art V Assumption	ons Used To Determin	e Funding Target and Targ	et Normal Cost				
21	Discount rate:							
	a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	, D	N/A, full yield curve used		
	b Applicable month	(enter code)			21b	0		
22	Weighted average re	etirement age			22	62		
23	Mortality table(s) (se	e instructions) X P	rescribed - combined Pre	scribed - separate	Substitu	te		
Pa	rt VI Miscellane	eous items						
24	Has a change been	made in the non-prescribed ac	ctuarial assumptions for the current	plan year? If "Yes," see	instructions	s regarding required		
	attachment					Yes 🕱 No		
25	Has a method chang	ge been made for the current p	lan year? If "Yes," see instructions	regarding required attac	hment .	Yes X No		
26	Is the plan required t	to provide a Schedule of Active	e Participants? If "Yes," see instruc	ions regarding required	attachment	t Yes X No		
27			nter applicable code and see instruc		27			
Pa	ırt VII Reconcili	iation of Unpaid Minim	um Required Contribution	s For Prior Years				
28	Unpaid minimum red	quired contributions for all prior	years		28	0		
29			d unpaid minimum required contrib	' '	29	0		
30	Remaining amount of	of unpaid minimum required co	entributions (line 28 minus line 29)		30	0		
Pa	rt VIII Minimum	Required Contribution	n For Current Year					
31	Target normal cost a	and excess assets (see instruc	tions):					
	a Target normal cost	t (line 6)			31a	370,102		
	_		line 31a		31b	370,102		
32	Amortization installm	nents:		Outstanding Bala	ance	Installment		
	a Net shortfall amort	tization installment	• • • • • • • • • • • • • • • • • • • •		0	0		
	b Waiver amortization	on installment			0	0		
33	If a waiver has been (Month		nter the date of the ruling letter gran		33	0		
34	Total funding require		er/prefunding balances (lines 31a - 3		34	0		
	Total fullding require	ment before reflecting earryove	Carryover balance	Prefunding Bala		Total balance		
35	Balances elected for requirement	use to offset funding	,					
36			 		36	0		
	37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date 37					0		
38	(line 19c)							
		•	• • • • • • • • • • • • • • • • • • • •		38a	0		
	· · · · · · · · · · · · · · · · · · ·		prefunding and funding standard c		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						0		
	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)							
_41	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	s) for which the election in line	41a was made		. 200	08 2009 2010 2011		
42	Amount of acceleration	on adjustment			42			
43	Excess installment ac	cceleration amount to be carrie	d over to future plan years		43			