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

2017

This Form is Open to Public Inspection

Parti	Annual Report	i identification information							
For calend	ar plan year 2017 or f	iscal plan year beginning 01/01/2	2017	and ending 12/	31/2017				
A This ret	A This return/report is for: a single-employer 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 one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retui	rn/report (less than 12 mo	nths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	m			
	_	special extension (enter desc	1 /						
Part II	Basic Plan Info	ormation —enter all requested in	formation						
1a Name BRONX CAF	of plan RDIOLOGY PC PROI	FIT SHARING PLAN			1b Three-digir plan numb (PN) ▶				
					1c Effective d	ate of plan 01/01/1997			
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Employer I (EIN)	dentification Number 06-1440359			
	town, state or provin	ce, country, and ZIP or foreign posi	al code (if foreign, see inst	ructions)	2c Sponsor's telephone number 718-299-2900				
					2d Business of	ode (see instructions)			
P.O. BOX 49	93 T, NY 11768				621111				
NOKITII OK	11, 141 11700								
3a Plan a	dministrator's name a	and address Same as Plan Spo	nsor.		3b Administra	tor's EIN			
BRONX CAF	RDIOLOGY PC	P.O. BO		_		06-1440359			
		NORTHP	ORT, NY 11768			tor's telephone number			
					/1	8-299-2900			
		ne plan sponsor or the plan name h		•	4b EIN				
	lan, enter the plan spo or's name	onsor's name, EIN, the plan name a	and the plan number from t		4d PN				
C Plan N					TU FN				
5a Total	number of participant	s at the beginning of the plan year.			5a	5			
		s at the end of the plan year			5b	4			
		account balances as of the end of		-	5c	4			
d(1) Tot	al number of active pa	articipants at the beginning of the p	an year		5d(1)	4			
		articipants at the end of the plan ye			5d(2)	4			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0			
		or incomplete filing of this retur							
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a plete.							
SIGN	Filed with authorized	d/valid electronic signature.	02/21/2018	EDWARD J. BROWN, I	D J. BROWN, MD				
HERE	Signature of plan	administrator	Date	Enter name of individua	al signing as pla	n administrator			
SIGN									
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individua	al signing as em	ployer or plan sponsor			

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X 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.)							X 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.							
С	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No							Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year							
Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year
а	Total plan assets	7a	83	39321				1019064
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	83	39321				1019064
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) -	Γotal
а	Contributions received or receivable from: (1) Employers	8a(1)	7	77807				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	17	71759				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						249566
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	(69823				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses 8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						69823
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						179743
j_	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V							
	Program)		······································	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С				10c	X			265000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ		
g			·	10g		Χ		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i				

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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)									
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of			es X No				
а	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								
lf y	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							
С	Enter the amount contributed by the employer to the plan for this plan year	12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A				
Part '	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X 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 X	No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to							
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)				

Form-5500-SF

Department of the Treesury Internal Revenue Service

Department of Labor Employee Ometic Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be flied under sections 104 and 4085 of the Employee Retirement income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB NOS, 7210-0110 1210-0089

2017

This Form is Open to Public Inspection

	Corporation	Complete all entries in	accordance with the	Instructions to the Wa-		Public Inspection			
Part			n	mondolions to tild Polit	1 9300-84,				
Por ca	iender plan yeer 2017 or	fiscal pign year beginning	01/01/2017	and ending	12/2	1/2017			
A Thi	is rewn/report is for:	a single-employer plan	a multiple-employ	er plan (not multiamplove	r) (Filers check	ion this hay must alled a			
B 1'his	return/report is	a one-participant plan	a foreign plan	g amployer information in	accomatice M	In the form instructions.)			
	The state of the s	the list cernulabou	he final return/rep	no					
0.0	an amended return/report a short plan year return/report (less than 12 months)								
C Cha	eck box if filing under:	Form 5558	automatic extensi	מס	DEVE pro	ogram			
Part	I Regir Dian lefe	gpecial extension (enter desc	ription)						
	me of plan	ormation—chier all requested in	formation						
		DD 4 19			16 Three				
GROIVA	CARDIOLOGY PC	PROFIT SHARING PLAN			plen ni (PN)				
						e date of plan			
2a Plan	oponeor's name (amplo	yer, if for a single-employer plan)			01/01				
City	or lown, state or provinc	m, apt., sulle no. and street, or P.O e, country, and ZIP or foreign posts	. Box)	větruciloso)	(EIN) O	er Idanification Number 6-1440359			
BRONX	CARDIOLOGY PC		(o.o.g.,, ago i	ion denotie)		or's lelephone number			
D.O. DAY JAN						99-2900			
P.O. BOX 193					2d Business code (see instructions) 621111				
NORTH	PORT	NY 11769				•			
3a Plan	administrator's name an	d address Same as Plan Spons	\$0f.		3b Adminis	Instanta Mith			
BRONX	CARDIOLOGY PC				06-144	0359			
P.O. B	OX 493				30 Adminis	l'alor's (elephone number			
_					718-295	7-2900			
NORTHP		NY 11760							
4 If the	name and/or EIN of the	pian aponsor or the plan name has acr's name, EIN, the plan name an	changed since the last	return/report filed for	4b EIN				
a spon	IROL A LIBITIE	our a nome, cirt, me plan name an	o the plan number from	the last return/report.	4d PN				
c Plan	Name			i	Ju Ph				
5a Total	number of perticipants a	it the beginning of the plan year			6a	- In			
D Total	number of participants a	I the end of the plan year	1/***\	Г	5b	5			
ווויטאי	nei oi haurcibauta mitu at	count balances as of the end of the	a clan year lasty deflace	d coolaballas alama	5c				
a(1) To	tal number of active parti-	cipants at the baginning of the plan	year	,,	5d(1)	4			
d(2) To	ial number of active parti-	cipants at the end of the plan year.			5d(2)	4			
num o	ber of participants who te	iminated employment during the p	lan year with accrued be	enefils that were less	5e				
					e is establish	ed.			
50 or Sahe	anies of perjury and other nouls MB completes and Irus, correct and comple	r penalities set forth in the instruction sloned by an enrolled actuary, as the	ns, I declare that I have well as the electronic ve	examined this return/reports	ort, including, if and to the best	applicable, a Schedule of my knowledge and			
SIGN HERE	4	KA		Edward J. Brown					
	Signature of pien ban	ninia (mater	08/1/18	Enter name of individua	al signing as pla	an administrator			
SIGN MERE	V	1	1	Edward J. Brown					
	Bignature of employer/plan sponsor For Paperwork Reduction Act Notice, see the Instructions for Form 8500-85. Enter name of Individual signing as employer or plan sponsor Form 6500-85 (2027)								

	Form 5500-SF 2017		Page 2				
С	Were all of the plan's assets during the plan year invested in eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can lift the plan is a defined benefit plan, is it covered under the PBGC if "Yes" is checked, enter the My PAA confirmation number from the second of the plan is a defined benefit plan, is it covered under the PBGC if "Yes" is checked, enter the My PAA confirmation number from the plan is a defined benefit plan, is it covered under the PBGC if "Yes" is checked, enter the My PAA confirmation number from the plan is a defined benefit plan.	f an indeper and condit not use For nsurance p	ndent qualified publi ions.) rm 5500-SF and ma rogram (see ERISA	c accou	ntant ead u	(IQPA) se For	
Pa	rt III Financial Information	1					
7	Plan Assets and Liabilities		(a) Beginnin	g of Yea	ar		(b) End of Year
a	Total plan assets	. 7a		839	,321		1,019,064
	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	7c		839	,321		1,019,064
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		77	807		
	(2) Participants	8a(2)			, 00 ,		
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b		171,	759		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1/1/	, 55		249,566
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		69,	823		249,300
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					69,823
i	Net income (loss) (subtract line 8h from line 8c)	8i					179,743
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension to $2E\ \ 3D$						
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Pla	n Chara	acteris	tic Cod	des in the instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Volence	oluntary Fidi	uciary Correction	10a		Х	
D	Were there any nonexempt transactions with any party-in-interest?	(Do not inc	lude transactions				

10	During the plan year:		Yes	No	Amount
а	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		х	Amount
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			х	
С	Was the plan covered by a fidelity bond?	-	х		265,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			х	
е	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?			x	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			x	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
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			

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Form	5500-SF	2017

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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule (SB	Yes No				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	44-						
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of (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							
lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		7	real				
	Enter the minimum required contribution for this plan year	12b		THE GIRLS				
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						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	П	Yes	No □ N/A				
Part \	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution 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		<u> </u>				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X No				
	if, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to						
13	c(1) Name of plan(s): 13c(2) I	EIN(s)		13c(3) PN(s)				
				(1)				