-	rm 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan					OMB Nos.			
	nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee R					2017			
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Employee Benefits Security Administration Employee Benefits Security Administration Revenue Code (the Code).						This Form is Open to				
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form						500-SF.	Publi	c Inspection		
Part I Annual Report Identification Information										
For calenda	ar plan year 2017 or fisc			Cala and a second		2/31/2017	1 to a di to is a			
A This return/report is for:							-			
B This retu	urn/report is	a one-participant plan	a foreign plan							
		the first return/report								
	l	an amended return/report	a sho	rt plan year return	/report (less than 12 m	onths)				
C Check b	box if filing under:	Form 5558		matic extension		DFVC p	orogram			
		special extension (enter descr								
Part II	Basic Plan Infor	mation—enter all requested inf	formation							
1a Name	•					1b Thre	•			
ADVANCED	CARDIOLOGY ASSOC	CIATES, LLC 401(K) PLAN				pian (PN)	number	001		
						. ,	ctive date of	•		
		er, if for a single-employer plan)				04/01/2005 2b Employer Identification Number				
City or	town, state or province,	, apt., suite no. and street, or P.O , country, and ZIP or foreign posta		foreign, see instru	uctions)	(EIN	/	62831		
ADVANCED	CARDIOLOGY ASSOC	CIATES, LLC				2c Sponsor's telephone number 516-496-4141				
						2d Business code (see instructions)				
175 JERICHO SYOSSET, N	O TURNPIKE, SUITE 20 VY 11791	04				621111				
20.01						2h Ada	ininter to de E			
3a Plan a	dministrator's name and	I address 🗙 Same as Plan Spon	nsor.			3b Administrator's EIN				
						3c Administrator's telephone number				
		plan sponsor or the plan name ha sor's name, EIN, the plan name a				4b EIN				
•	or's name	sor s name, Ein, the plan name a	and the pla		e last return/report.	4d PN				
C Plan N	lame									
5a Total r	number of participants a	t the beginning of the plan year				5a		3		
		t the end of the plan year				5b		2		
		ccount balances as of the end of t		· •	-	5c		1		
d(1) Tota	al number of active parti	icipants at the beginning of the pla	lan year			5d(1)		2		
		icipants at the end of the plan yea				5d(2)		1		
		erminated employment during the				5e		0		
Caution: A	penalty for the late or	r incomplete filing of this return	n/report w	/ill be assessed u	unless reasonable cau					
SB or Sche	edule MB completed and	er penalties set forth in the instruc d signed by an enrolled actuary, a								
SIGN	true, correct, and completive Filed with authorized/v	alid electronic signature.	06	6/26/2018	ROBERT STRUHL					
HERE	Signature of plan ad			Date	Enter name of individ	ual signing	as plan adm	ninistrator		
SIGN			†_			gg		-		
HERE	Signature of employ	er/nlan sponsor		Date	Enter name of individ	Enter name of individual signing as employer or plan sponsor				
<u> </u>						uai siyilliy	as employe	01 pian sp011501		

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6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	Are you claiming a waiver of the annual examination and report of a								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,						
-	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	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	1823247	639456					
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	1823247	639456					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from:	- (I)							
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	80317						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		80317					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1262212						
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	1896						
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1264108					
i	Net income (loss) (subtract line 8h from line 8c)	8i		-1183791					
j	Transfers to (from) the plan (see instructions)	8j							

Part IV Plan Characteristics

9a	If the	plan	provic	les pe	ension	benefits,	enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	2A	2E	2G	2J	2T	3D		

b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
---	---

Part	Part V Compliance Questions								
10	During the plan year:	Ye	s 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) 10	a	x						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b	x						
С	Was the plan covered by a fidelity bond?	с	x						
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	d	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.)	e	x						
f	Has the plan failed to provide any benefit when due under the plan?)f	X						
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	g	X						
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h	x						
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)i							

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling	
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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?		Ye	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	13c(1) Name of plan(s): 13c(2) E					: (3) F	'N(s)

ŗ		and the second design of the s							
	Form 5500-SF Department of the Treasury	Short Form Annua	loyee	OMB Nos. 1210-0110					
_	Internal Revenue Service	This form is required to be	Birt Metter		1	1210-0089			
-	Department of Labor Employee Benefits Security Administration		Act of 1974 (ERISA), Iternal Revenue Code		ovee 058(a) of	2017			
	Perision Benefit Gueraniy Corporation	Complete all entries in ac	cordance with the i	nstructions to the Form 5). This Form is Open to F a to the Form 5500-8F. Inspection				
	or celendar plan year 2017 or fisc	el plan year beginning	01/01/20						
A	This return/report is for:	x a single-employer plan			12,	/31/2017			
B		a one-participant plan the first return/report	he first return/report the final return/report						
	L	an amended return/report	🚺 ä short plan year	retum/report (less than 12	Manthal				
С	Check box if filing under	Form 5558			moruns)				
			automatic extens	ion	D	DFVC program			
1. A.		special extension (enter descrip	tion)			en erograff			
1a	Name of plan	nation enter all reducested in	formation						
14	·· · ···				7.46.55				
	Advanced Cardiology J	Associates, LLC 401(k)	Plan		pla	vree⊷digit an n⊔mber N) ► 001			
						fective date of plan			
_ <u>2a</u>	Plan sponsor's name (employed Melling Address (include room	, if for a single-employer olera)				/01/2005			
	City or town, state or province.	country, and ZIP of fare and a	Box) code (if foreign, see i	Ostructions)	2b Employer Identification Number (EIN) 11-3462831				
	Advanced Cardiology A	sociates, LLC	-		2c Sp	onsor's telephone number 16) 496-4141			
	175 Jaricho Turnpika,	Suite 204			2d Business code (see instructions) 621111				
	US Syosaet NY 11791				04				
3a	Plan administrator's name and a	ddress 🔣 Same as Plen Spons	00						
					3b Adr	ninistrator's EIN			
					3c Adn	ninistrator's telephone number			
4	If the name and/or EIN of the plan this plan, enter the plan sponsors	n sponsor or the plan name has ch s name, EIN, the plan name and th	nanged since the last	return/report filed for	46 EIN				
а	Sponsor's name	, t the part finding and t	re plan number from	the last return/report.					
c	Plan Name				4d PN				
<u> </u>	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>								
اھن ام	rotal number of participants at the	e beginning of the plan year	+hunany(?)+j) anaar 1554-1-1						
D C	i viai number of participants at the	e nd of the plan year	*****	***************************************	<u>5a</u>	3			
ы т (Number of participants with socou	int balances as of the end of the p	len year (only defined	CONTRACTOR DARA	55	2			
d(1)	Total number of active participat	nts at the beginning of the plan yes	ании и политика () и Это политика () и пол		5c	11			
d(2)	Total number of ective participar	the and of the alex		=+++++++++++++++++++++++++++++++++++++	5d(1)	2			
e 1	uniour of participants who termin	ated employment during the plan s	VORF With seven which -	nefits that were	5d(2)	1			
					5e	o			
Undo	the tate of inc	COMPLETE FILM AT A LAND A	d		a la antala	t_t			
SB or belief	Schedule MB completed and elg. It is true conect, and complete.	analties set forth in the instructions and by an enrolled actuary, as wel	, I declare that I have I as the electronic ve	examined this return/report rsion of this return/report, a	rt, including	9. If applicable, a Schedule			
	1 La tant-	###	12/ 200						
	Signature of plan administra	AAL	61261H-						
W.W.		101	Date	Enter name of Individual s	innina en "	lan administration			
					<u>990-115 68 1</u>	ani addiministrator			
	Signature of employer/plan	sponsor	Date	Enter name - Figure	·····				
For Pr	perwork Reduction Act Notice	, see the instructions for Form 5	500.85	Enter name of individual a	igning as é	imployer or plan sponsor			

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

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)			*****		X Yes	No
	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	n independ	dent qualified public account	ant (IC	PA)			X Yes	
	If you answered "No" to either line 6a or line 6b, the plan canno								
с	If the plan is a defined benefit plan, is it covered under the PBGC ins						es 🗌 N	o 🗌 Not de	termined
	If "Yes" is checked, enter the My PAA confirmation number from the							(See instruc	tions.)
Р	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Y	əar			(b) End	l of Year	
a	Total plan assets	7a	1,823	247				639,	456
b	Total plan liabilities	7b	_,					,	
c	Net plan assets (subtract line 7b from line 7a)	7c	1,823	247			· · ·	639,	456
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	
a	Contributions received or receivable from:	1.1.1.1.(p. 14)(1.1.4.14)							
	(1) Employers	8a(1)			1 2				
	(2) Participants	8a(2)							Marked and
	(3) Others (including rollovers)	8a(3)							The balls in the
þ	Other income (loss)	8b		317		联制和 称		新闻的问题	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80			瓣襟	NUMBER OF STREET	NAVA PARAMA PATRICIA (1922)	80,3	317
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,262	212					
е	Certain deemed and/or corrective distributions (see instructions)								操作的
f	Administrative service providers (salaries, fees, commissions)	8f	1	896	10				
				000	語				
<u>g</u> ь	Other expenses	8g 8h			新語	1999年8月1	与目的行机主义 中的中心	1,264,1	
<u>h</u> i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8i						(1,183,79	
1	Net income (loss) (subtract line 8h from line 8c)	8j							
J n	Transfers to (from) the plan (see instructions)		L	·		包括基因相当有	THE REAL PROPERTY OF	機的範疇機能行為	Anno de la composition de la compositio La composition de la c
	art IV Plan Characteristics	- 4	- from the Link of Dian Ober				h e 1 e e l e c e l	N	·
эa	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2G 2J 2T 3D	ature code	as from the List of Plan Chara	ciens		Jues in t	ne instruc	tions;	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Charac	teristi	ic Cor	les in th	e instructio	006.	
Pa	art V Compliance Questions					THE REAL PROPERTY IN	64. I		
10	During the plan year:			Ye	s Ni			Amount	
а	Was there a failure to transmit to the plan any participant contributi								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol			_	k				
-	Program Were there any nonexempt transactions with any party-in-interest?			a					
	reported on line 10a.)	`	, , , , , , , , , , , , , , , , , , ,	b	ĸ				
C				C	X		静含		
Ó	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			d	х				
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of t	he benefits under	e	x				
f	Has the plan failed to provide any benefit when due under the plan	?		f	x				
Q				g	x				
h	I If this is an individual account plan, was there a blackout period? (\$ 2520,101-3.)			h	х				
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			i					

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Page	3	_	
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Par	tVI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl (Form 5500 and line 11a below)					
<u>11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code o ERISA?	r section	n 302 c	of 		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver Month Month Month Month Month Month Month	ons, and	d enter Da			
lf y	ou 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 the 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 negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes 🗌 No 🔲 N/A		
Par	VII Plan Terminations and Transfers of Assets					
_13a	Has a resolution to terminate the plan been adopted in any plan year?			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 uncontrol of the PBGC?			Yes X 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.)						
1:	3c(1) Name of plan(s): 13	c(2) EIN	V(s)	13c(3) PN(s)		