## **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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	า								
For calend	lar plan year 2018 or f	iscal plan year beginning 01/01/2	/2018		and ending 12	2/31/2018					
A This re	turn/report is for:	X a single-employer plan			n (not multiemployer) (		-				
		a one-participant plan		reign plan							
<b>B</b> This ret	urn/report is	the first return/report	the f	the final return/report							
		an amended return/report	a sh	ort plan year return	/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	auto	omatic extension		DFVC pi	rogram				
		special extension (enter desc	' '								
Part II	Basic Plan Info	ormation—enter all requested in	nformation	1							
1a Name BRONX CAI						1b Three plan (PN)	number	001			
						1c Effec	tive date of	f plan 1/1997			
Mailing	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		**************************************	estana)	2b Emplo	-	fication Number 440359			
•	r town, state or province RDIOLOGY PC	ce, country, and ZIP or foreign post	stal code (i	if foreign, see instru	uctions)	2c Spon	sor's telep 718-292	hone number 2-9200			
						2d Busin	ess code (	see instructions)			
P.O. BOX 49 NORTHPOR	93 RT, NY 11768						6211	11			
3a Plan a	administrator's name a	nd address Same as Plan Spor	onsor.			<b>3b</b> Admir	nistrator's E				
BRONX CAF	RDIOLOGY PC	P.O. BOX		(44700		20. A dissais		440359			
		NORTHP	PORT, NY	11700		3C Admin	718-299	elephone number 0-2900			
this p	lan, enter the plan spo	e plan sponsor or the plan name har onsor's name, EIN, the plan name a				4b EIN					
a Spons C Plan N	sor's name Jame					<b>4d</b> PN					
	tamo										
<b>5a</b> Total	number of participants	s at the beginning of the plan year.				5a		4			
		s at the end of the plan year				5b		4			
comp	lete this item)	account balances as of the end of				5c		4			
	·	articipants at the beginning of the pl	-			5d(1)		4			
		articipants at the end of the plan ye				5d(2)		1			
than	100% vested	o terminated employment during the				5e		0			
		or incomplete filing of this return									
SB or Sche		ther penalties set forth in the instru- and signed by an enrolled actuary, a aplete.									
SIGN	Filed with authorized	d/valid electronic signature.	0	)4/17/2019	EDWARD J. BROWN,	MD					
HERE	Signature of plan	administrator		Date	Enter name of individ	vidual signing as plan administrator					
SIGN											
HERE Signature of employer/plan sponsor Date Enter name of individ					ridual signing as employer or plan sponsor						

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_	Were all of the plan's assets during the plan year invested in eligible							. X Yes No
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							X Yes ☐ No
	If you answered "No" to either line 6a or line 6b, the plan cann		•					
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) Er	d of Year
а	Total plan assets	7a	10	19064				929591
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	10	19064				929591
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
а	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-4	58261				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-58261
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	;	31212				
е	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						31212
i	Net income (loss) (subtract line 8h from line 8c)	8i						-89473
j	Transfers to (from) the plan (see instructions)	8j						
Pai	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Pla	an Chai	racteri	stic Co	odes in the ir	structions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in the ins	tructions:
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40		<b>V</b>		
	Program)  Were there any nonexempt transactions with any party-in-interest			10a		X		
	reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			265000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			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	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X		
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 2520.10			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 Sche (Form 5500) and line 11a below)		В	Y	es No
11a	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 or section ERISA?		:	Y	es X No
	(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 instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	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	× N	o
	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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor se Benedia Security Administration Pension Bonefit 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 5500-8F.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information		t	
For calendar plan year 2018 or fiscal plan year beginning		nd ending	12/31/2018
A This return/report is for:	a multiple-employer plan (not i	nuitiemployer) nformation in a	(Filers checking this box must stach a secondance with the form instructions.)
a one-participant plan	a foreign plan		•
B This return/report is the first return/report	the final return/report		
an amended return/report	a short plan year return/report	(less than 12 i	months)
C Check box if filing under: Form 5558	autometic extension		DFVC program
special extension (enter descr			
Part II Basic Plan Information—enter all requested in	ormation		
1a Name of plan BRONX CARDIOLOGY PC PROFIT SHARING PL	AN		1b Three-digit plan number
			(PN) 001  1c Effective date of plan
			01/01/1997
2si Pian sponsor's name (employer, if for a single-employer plan)  Mailing address (include room, apt., suite no. and street, or P.O	, Box)		2b Employer Identification Number
City or town, state or province, country, and ZIP or foreign posts BRONX CARDIOLOGY PC	al code (if foreign, see instructions)		(EIN) 06-1440359  2c Sponsor's telephone number
			718-292-9200
P.O. BOX 493			Zd Business code (see instructions)
NORTHPORT NY 1176	8		621111
3a Plan administrator's name and address Same as Plan Spon	sor.		3b Administrator's EIN
BRONX CARDIOLOGY PC		1	06-1440359
P.O. BOX 493			3C Administrator's talephone number
:		1	
NORTHPORT NY 11768			718-299-2900
If the name and/or EIN of the plan aponsor or the plan name ha this plan, enter the plan sponsor's name, EIN, the plan name as	s changed since the last return/rep	or filed for	4b EIN
a Sponsor's name	in the house them and the fact to	witerepoit.	4d PN
C Plan Name			
5a Total number of participants at the beginning of the plan year			5a
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 complete this item)	ne olan veat (only riefined contribut	ion plane	_
d(1) Total number of active participants at the baginning of the pla			5d(1)
d(2) Total number of active participants at the end of the plan yea			5d(2)
<ul> <li>Number of participants who terminated employment during the</li> </ul>	plan year with accrued benefits the	t were less	-
Caution: A penalty for the late or incomplete filling of this return			5e
Under penalties of periury and other penalties set forth in the instru-	tone I declare that I have exemine	d this potenties	nost Including if applicable a Rehodule
SB or Schedule MB completed and eleged by an enrolled actuary, as belief. It is true, correct and complete.	well as the electronic version of the	is return/repor	t, and to the best of my knowledge and
sign Charles		d J. Bro	
Signature/of/plan/atiministrator	Date Enter r	ama of individ	lual signing as plan administrator
stew Collins	4-17-19		
Signature of employer/plan sponsor	Date Enter	ama of Individ	tual signing as employer or plan sponsor
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-	SF.		Perm 6600-6F (201) v.17102

b	Were all of the plan's assets during the plan year invested in eligible 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 cannot be a second to the plan cannot be a sec	an indepen and condition of use For	dent qualified public a ons.) <b>m 5500-SF and mus</b>	accoun	tant (Id	QPA) e Form !	 5500,	X Y	es No
С	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the					·		1	etermined tructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities	Ball	(a) Beginning	of Yea	- 1		(b) End of	Year	
a	Total plan assets	7a		019,					929,591
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	1,	019,	064				929,591
8	Income, Expenses, and Transfers for this Plan Year	1 7	(a) Amour	nt			(b) Tot	al	
a	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants								
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b		-58,	261			Ψ.,	37. 13.
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			97.				-58 <b>,</b> 261
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		31,	212				
е	Certain deemed and/or corrective distributions (see instructions)	8e							TEST I
f	Administrative service providers (salaries, fees, commissions)	8f			$\neg$				
g	Other expenses	8g			$\neg$				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)								31,212
ī	Net income (loss) (subtract line 8h from line 8c)	8i							-89 <b>,</b> 473
T	Transfers to (from) the plan (see instructions)	8j				778-91			05,475
Pai	t IV Plan Characteristics	9							
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature cod	es from the List of Pla	an Cha	racteri	stic Cod	es in the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan	n Chara	acteris	tic Code	s in the instruct	ons:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Am	ount	
а	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 Fig	luciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		х			
C				10c	Х				265,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	d, that was caused	10d		х			
е		ner persons ne or all of th	by an insurance ne benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the plan			10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-en	d.)	10g		Х			
h	2520.101-3.)			10h		Х		r.	
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	ne required 1-3	notice or one of the	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 (Form 5500) and line 11a below)	Sched	:hedule SB Ye			Yes	☐ No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		1a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?	tion 3	02 o	f		Yes	X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	and e	nter i		of the le		ing
lf	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	1	2b				
	Enter the amount contributed by the employer to the plan for this plan year		2¢				
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)		2d				
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?				No	1	V/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		3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	he		[	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 which assets or liabilities were transferred.						
1	3c(1) Name of plan(s):	(2) EI	N(s) 13c(3) PN(s)				
		_	_			_	