## 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

2018

This Form is Open to Public Inspection

Part I	Annual Report	t identification information	1													
For calend	ar plan year 2018 or f	fiscal plan year beginning 01/01/2	2018		and ending 12	2/31/20	18									
A This ref	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.)															
		•			,											
<b>B</b> This retu	B This return/report is the first return/report the final return/report															
		an amended return/report	a sh	nort plan year return	/report (less than 12 m	onths)										
C Check	box if filing under:	Form 5558	aut	omatic extension		DF\	/C program									
		special extension (enter desc	ription)													
Part II	Basic Plan Info	ormation—enter all requested in	formatio	n												
1a Name						1b -	Three-digit									
	•	OCIATES, LLC 401(K) PLAN				ı	plan number (PN)	001								
						1c	Effective date o	f plan 1/2005								
		oyer, if for a single-employer plan)				2b [	Employer Identi	fication Number								
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		(if foreign, see instr	uctions)		,	462831								
-	CARDIOLOGY ASS			( ro.o.g., oooo	20110110)	2c 3	Sponsor's telep 516-496									
						2d E	Business code	(see instructions)								
175 JERICH SYOSSET, N	O TURNPIKE, SUITE	204				621111										
0.0002.,.																
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.			<b>3b</b> Administrator's EIN										
						3c Administrator's telephone number										
						3C /	Administrator 5	telepriorie riumbei								
		ne plan sponsor or the plan name ho onsor's name, EIN, the plan name a				4b	EIN									
	or's name				·	4d PN										
C Plan N	lame															
<b>5a</b> Total	number of participants	s at the beginning of the plan year.				5a	l	2								
<b>b</b> Total	number of participant	s at the end of the plan year				5b	)	1								
		account balances as of the end of			· ·	5c	;	1								
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the pl	lan year			5d( <sup>-</sup>	1)	1								
<b>d(2)</b> Tot	al number of active pa	articipants at the end of the plan ye	ear			5d(2	2)	1								
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e	•									
Caution: A	A penalty for the late	or incomplete filing of this return	n/report	will be assessed	ınless reasonable cau	use is e	established.									
SB or Sche	alties of perjury and o edule MB completed a true, correct, and com	other penalties set forth in the instruction and signed by an enrolled actuary, a polete.	ictions, I as well a	declare that I have a sthe electronic vers	examined this return/re sion of this return/report	port, in t, and t	cluding, if applice of the best of m	cable, a Schedule y knowledge and								
SIGN		d/valid electronic signature.		05/29/2019	ROBERT STRUHL											
HERE	Signature of plan	administrator		Date	Enter name of individ	ual sigr	ning as plan adı	ministrator								
SIGN HERE																

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					. X Yes No	
	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.)								
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from th							_	
Day	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Voor			(b) En	d of Year	
<del>_</del>	Total plan assets	7a		39456			(D) EII	616588	
	Total plan liabilities	7a 7b			_			0.0000	
	Net plan assets (subtract line 7b from line 7a)	7c	63	39456				616588	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	(3)	- <del>-</del>			(-/		
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-1	22720					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-22720	
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	8e 8f		148	-				
_ <u>'</u>				140					
	Other expenses							148	
	Total expenses (add lines 8d, 8e, 8f, and 8g)							-22868	
÷	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics	oj							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the in	structions:	
	2A 2E 2G 2J 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	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 contribu 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	Was the plan covered by a fidelity bond?			10c		X			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance						
	carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X			
f						X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	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 2520.10	ne required	d 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)			Yes 🛚 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 se ERISA?		of	Yes 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, granting the waiver	and enter Da		e of the letter ruling Year
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		
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?		Ye	s 🔀 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 control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> PN(s)

## Form 5500-SF

Elepartment of the Tressury Internal Revenue Service

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under section

OMB Nos. 1210-0110 1210-0089

Department of Lebor Employee Benefits Security Administration		WOULDOOK (EKISA).:	104 and 4065 of the Emplo	yea FOX-> 4		2018
Pension Benefit Guaranty Corporation	-	ALLIER LADABUICE CÓCE	(the Code).		This Form	is Open to Publi
427 Sept. (1971)	► Complete all entries in accomplishing the property of the complete all entries in accomplishing the complete all entries and accomplishing the complete accomplishing the complete accomplishing the complete accomplishing the complete accomplishing the co	ordance with the in	istructions to the Form st	con en		nspection
For calendar plan year 2018 or fisc	dentification Information			000-8F.		
,		01/01/201	6 and ending	12	/31/2018	
A This return/report is for:	x a single-employer plan	a multiple-emplo	Ver nign /not multinuant	1 James		
B This return/report is:	a one-participant plan the first return/report an amended return/report	ਕ foreign plan the final return/re	a martination in	#CCOTOR!	necking this b	ox must attach rm instructions.)
C Check box if filling under:	Form 5558 special extension (enter descrip	automatic extensi		months)	DFVC progra	im
Basic Plan Inform	nation enter all requested in	1017				
1a Name of plan	anter all requested in	ormation				
Advanced Cardiology 1	Associates, LLC 401(k)	Plan		pla (P	ree-digit an number N) ⊫	001 .
2a Plan sponsor's name (employer Mailing Address (include room	r if for a size of			1 G ET	fective date of 1/01/2005	plan
Mailing Address (include room, City or town, state or province, Advanced Cardiology A	Country, and ZIP or foreign person.	Box) code (if foreign, see	instructions)	25 E⊓		ication Number 2831
	MOVIELES, LIA:		,	2c Sp	onsor's teleph 16) 496-4	one number
175 Jericho Turnpike, US Syosset NY 11791	Suite 204		,	2d Bu 62	siness code (s 1111	see instructions)
Ba Pian administrator's name and e	address X Same as Plan Spons	Ar.				
	variation opens	O)		3b Adi	ministrator's E	IN
•						
			j	3c Adr	ninistrator's te	lephone number
If the name and/or FIN) of the sta						
the name and/or EIN of the pla this plan, enter the plan enough	in sponsor or the plan name has c	hanged since the las	t return/report filed for	45 EIN		
a Sponsor's name	s name, EIN, the plan name has c	he plan number from	the last return/report,	TO CIN	·	-
C Plan Name				4d PN		
			·			
			İ			
Total number of participants at the	- h - t - t - r - r -					
The state of participating of full	o beginning of the plan year	*************************	PD & b b r r m r m m m m m m m m m m m m m m	5a		2
Number of participants with accou	ent beleness se sêtie and se		M+	5b		1
complete this item)	and sensitives as of the sid of Ale E	ıları year (only define	d contribution plans	5c		
<ol><li>Total number of active participa</li></ol>	ints at the beginning of the plan ve	)				1
(2) Total number of active participa	nts at the end of the plan year		hmeri n 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5d(1)		1
Number of participants who termin	nated employment during the plan	vear with account to	inofits that were	5d(2) 5e		i i
agricus, with the face of In-	Complete filling of this returning			, ,		
nder penalties of perjury and other p B or Schedule MB completed and sig silef, it is true, correct, and complete.	enalties set forth in the instruction aned by an enrolled actuary, as we	s, I declare that I have all as the electronic v	or unless reasonable caus e examined this return/report ersion of this return/report	erts estat ort, includi and to the	blished. ing, if applicat	ole, a Schedule
Jan 1		5/29/19	Robert Ji	-5 . Z	7 10	
Signature of plan administr	ator	Date		160 K	y NI	The state of the s
Signature of employer/plan	Shareon		Enter name of individual a			
or Paperwork Reduction Act Motios	<u> </u>	Date	Enter name of individual s	igning as	employer or a	lan sponsor

Page	2

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		•••••			,,,,,,,,	. 🗵	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				•	•			. <u>x</u>	Yes	□No	
	If you answered "No" to either line 6a or line 6b, the plan canno	ot use For	m 5500-SF and must ins	stead	use l	Form	5500.					
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section	on 40	21)?	******	Ye	s [	No 🗀	] Not (	determine	
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC p	remium filing for this year						(See	instru	uctions.)	
Р	art III Financial Information											
7	Plan Assets and Liabilities	20 Me (41 - 22 2 Sale 4: 14	(a) Beginning o	f Yea	r			(b) E	ind of Y	ear		
а	Total plan assets	7a	63	39,4	56					616	,588	
b	Total plan liabilities	7b										
С	Net plan assets (subtract line 7b from line 7a)	7c		39,4	56					616	,586	
8	Income, Expenses, and Transfers for this Plan Year	學的學術	(a) Amount					į	(b) Total			
а	Contributions received or receivable from:  (1) Employers	8a(1)							STATE OF THE PARTY		4	
	(2) Participants	8a(2)				調用		Andrew No. 201	4 N 2 6 4 3 5 6	1		
	(3) Others (including rollovers)	8a(3)				344		N. As			4 :4:	
b	Other income (loss)	8b	(22	2,72	0)	2010	and the second	码搬	17.			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				*******	newalling_	the year.		(22,		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	19 14 15 15 15 15 15 15 15 15 15 15 15 15 15	ilia eleviti	geographic in			4:45 (4:45)	10/2 11 11	(22)	1000 1000 1000 1000 1000 1000 1000 100	
е	Certain deemed and/or corrective distributions (see instructions)	89				調賞		953 443 384 441	No.		. 36	
f	Administrative service providers (salaries, fees, commissions)	8f		1	48	備而		难."	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		11.30	
g	Other expenses	8g				1162	night.	14.40	18			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			" " " " " " " " " " " " " " " " " " " "	is in					148	
i	Net income (loss) (subtract line 8h from line 8c)			Phys		6 				(22,	868)	
j	Transfers to (from) the plan (see instructions)											
Pa	Part IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan C	harad	teristi	c Co	des in t	he ins	tructions	;		
	2A 2E 2G 2J 2T 3D											
þ	If the plan provides welfare benefits, enter the applicable welfare fea	iture code	s from the List of Plan Ch	aract	eristic	Code	s in th	e instr	uctions:			
Pa	ert V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Ame	ount		
a		tions withir	the time period				714		- 11111	, uiii		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		•									
	Program)		110000000000000000000000000000000000000	10a		X						
b				401		22						
	reported on line 10a.)			10b		X		<del></del>				
C				10c		Х	計算形 排揮計	<del> </del> -	<del></del>			
d	by fraud or dishonesty?		***************************************	10d		х	112					
е	carrier, insurance service, or other organization that provides some	e or all of t	he benefits under									
	the plan? (See instructions.)			10e 10f		Х	12.5	<u> </u>				
	f Has the plan failed to provide any benefit when due under the plan?									· · · ·		
<del></del>	<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)</li> <li>h If this is an individual account plan, was there a blackout period? (See instructions a</li> </ul>			10g			TO STATE OF	推荐	196			
	2520.101-3.)			10h		X	3996 3996	多高的 西湖的	<b>考解</b> 1	* :	The second second	
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					1942. 1945.		4.54	

	Form 5500-SF 2018 Page 3 ~					
Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500 and line 11a below)	chedule	∋ SB	Yes	X	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 sec ERISA?	tion 302	of	Yes	X	No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver Month Month		er the dat ay	e of the lette Year	er rulin	g
Jf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	i				
b	Enter the minimum required contribution for this plan year	12b				
С	Enter the amount contributed by the employer to the plan for the plan year	12c				12 3
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				The de recent

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ..... Yes No NA 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 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the 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.) 13c(1) Name of plan(s): 13c(3) PN(s) 13c(2) EIN(s)