Form 55	00-SF	Short Form Annu	•		oyee	(DMB Nos. 1210-0110 1210-0089
Department of the Internal Revenue		This form is required to be fil	Benefit Pla	-	etirement		2015
Department of Employee Benefits Secur	ity Administration	Income Security Act of 1974		6057(b) and 6058(a) of the			orm is Open to c Inspection
Pension Benefit Guara		 Complete all entries in lentification Information 		structions to the Form 5	500-SF.		· .
		al plan year beginning 01/01/		and ending 12	2/31/2015		
A This return/repor	>	a single-employer plan		er plan (not multiemployer) employer information in ac	•	0	
B This return/report	tis	the first return/report an amended return/report	the final return/repo	ort sturn/report (less than 12 m	onths)		
C Check box if filin	g under:	- Form 5558	automatic extension	n		FVC progra	am
Part II Basic	Plan Inform	special extension (enter deso station—enter all requested in					
1a Name of plan		PROFIT SHARING PLAN	iomaton		(PN)	number	001 plan
2a Plan sponsor's	name (employe	r, if for a single-employer plan)			2b Emplo		/2003 cation Number
	ate or province,	apt., suite no. and street, or P. country, and ZIP or foreign pos		nstructions)	(EIN) 2c Spon	sor's teleph	58943 one number
					2d Busin		3-6662 ee instructions)
516 OLD COUNTRY I PLAINVIEW, NY 1180						6213	40
3a Plan administra ONG ISLAND PHYS		address Same as Plan Spor	ISOR.		3b Admir	nistrator's E	IN 558943
			IEW, NY 11803		3c Admir	nistrator's te 516-43	elephone number
		lan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN		
name, EIN, and a Sponsor's name	•	er from the last return/report.			4c PN		
		the beginning of the plan year.			5a		2
		the end of the plan year			5b		2
		count balances as of the end o			5c		2
d(1) Total numbe	r of active partic	cipants at the beginning of the p	lan year		5d(1)		0
e Number of par	ticipants that te	cipants at the end of the plan ye rminated employment during th	e plan year with accrued	benefits that were less	5d(2) 5e		0
Caution: A penalty	for the late or	incomplete filing of this retu	n/report will be assess	ed unless reasonable cau	use is estab		
	completed and	r penalties set forth in the instru signed by an enrolled actuary, te.					
		lid electronic signature.	03/14/2016	ROBERT LASSIG			
SIGN Signat	ure of plan adr	ninistrator	Date	Enter name of individ	ual signing a	as plan adm	inistrator
HERE	ure of employe	er/plan sponsor	Date	Enter name of individ	ual signing a	as employer	or plan sponsor
Preparer's name (in	cluding firm nar	ne, if applicable) and address (nclude room or suite nu	nber)	Preparer's	telephone	number
	tion Act Nation	and OMB Control Numbers, see t	n instructions (or Form F				Form 5500-SF (2015)

Form 5500-SF 2015		Page 2							
 6a Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report o 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 C If the plan is a defined benefit plan, is it covered under the PBGC 	f an indeper / and condit not use Fo	ndent qualified public a ions.) rm 5500-SF and must	accounta t instea	ant (IQ I d use	PA) Form	5500.		X Yes Xes Not determine	No No No Ined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End	of Year	
a Total plan assets	7a		186	942				18668	7
b Total plan liabilities	7b			0					
C Net plan assets (subtract line 7b from line 7a)	7c		186	942				18668	7
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoι	unt				(b) T	otal	
 a Contributions received or receivable from: (1) Employers 	8a(1)			0					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b			20					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							20	0
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			275					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							275	5
i Net income (loss) (subtract line 8h from line 8c)	8i							-25	5
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics		•							
9a If the plan provides pension benefits, enter the applicable pensio 2A 2E 3D	n feature co	des from the List of Pla	an Chai	racteris	stic Co	odes in t	the instruc	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in th	e instruct	ions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's	Voluntary F	iduciary Correction			x				
Program) Program) Were there any nonexempt transactions with any party-in-interement reported on line 100.	st? (Do not i	include transactions	10a		×				
reported on line 10a.)			10b						
C Was the plan covered by a fidelity bond?			10c		Х				
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		X				
e Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e		х				
f Has the plan failed to provide any benefit when due under the pl	an?		10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	end.)	10g		Х				

j	Did the plan trust incur unrelated bu	usiness taxable income?	10j					
Part	VI Pension Funding Com	pliance						
11		t to minimum funding requirements? (If "Yes," see instructions				dule SB	(Form	Yes No
11a	Enter the unpaid minimum required	contribution for all years from Schedule SB (Form 5500) line 4	10			11a		
12	Is this a defined contribution plan su	ubject to the minimum funding requirements of section 412 of t	he Cod	e or se	ction 3	302 of E	ERISA?	Yes X No

Х

10h

10i

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.).....

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....

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Form 5500-SF 2015

Page 3 - 1

 (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 in granting the waiver. 		enter the Day	e date of th	he letter ru Year	ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_			
b Enter the minimum required contribution for this plan year		12b			
		12c			
 C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 					
negative amount)		12d			1
e 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?			X Yes	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 brou of the PBGC?		ontrol		Yes 🗙	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	1			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII Trust Information					
14a Name of trust		14b ⊺	rust's EIN	l	
14c Name of trustee or custodian			Trustee's telephone	or custodi number	an's
Part IX IRS Compliance Questions		I			
15a Is the plan a 401(k) plan?		Ye:	S	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals ar matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ised safe irbor ethod	ADI tes	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "or testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?		Ye	S	No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		atio rcentage st		erage nefit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con this plan with any other plans under the permissive aggregation rules?	0	Ye:	S	No	
17a Has the plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted//for tax law changes and codes).	Enter the ap	plicable	code	_ (See ins	structions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl advisory letter, enter the date of that favorable letter/ and the letter's serial protocols and the letter's series and protocols		ct to a fa	vorable IF	RS opinion	or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter/	nter the date of	the plar	n's last fav	vorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19 Were in-service distributions made during the plan year?		Ye	s	No	
If "Yes," enter amount		19			
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Ye	S	No	N/A

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor	Short Form Annua This form is required to be filed Income Security Act of 1974	Benefit Plan d under sections 104 and 4 (ERISA), and sections 605	065 of the Employee R 7(b) and 6058(a) of the
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	▶ Complete all entries in a	Revenue Code (the Code	
	ientification Information	accordance with the inst	uctions to the ronn of
For calendar plan year 2015 or fisca	al plan year beginning	01/01/2015	and ending
	a single-employer plan a one-participant plan	a multiple-employer pl list of participating em a foreign plan	an (not multiemployer) ployer information in ac
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return	n/report (less than 12 m
C Check box if filing under:	Form 5558	automatic extension	
	special extension (enter descr	iption)	
Part II Basic Plan Infor	mation—enter all requested inf	ormation	
LONG ISLAND PHYICAL T 2a Plan sponsor's name (employe Mailing address (include room City or town state or province		, Box)	uctions)
LONG ISLAND PHYSICAL	L THERAPY		
	NY 11803		
PLAINVIEW 3a Plan administrator's name and	NI	sor	
LONG ISLAND PHYSICAL 516 OLD COUNTRY ROAD	THERAPY		
	NY 11803		
name, EIN, and the plan num	plan sponsor has changed since ber from the last return/report.		
5a Total number of participants a	at the beginning of the plan year		
 b Total number of participants a c Number of participants with a 	at the end of the plan year ccount balances as of the end of	the plan year (defined bene	fit plans do not
1/4) - / I when of active part	icinants at the beginning of the pla	an year	
d(2) Total number of active part	icipants at the end of the plan yea	ar nlan vear with accrued ber	nefits that were less
e Number of participants that to	erminated employment during the		unloss reasonable cal
Caution: A penalty for the late of Under penalties of perjury and othe	r incomplete filling of this retain er penalties set forth in the instruct d signed by an enrolled actuary, a	tions I dealars that I have	examined this return/rep
belief, it is true, correct and compl	ete.	3/14/14	ROBERT LASSIG
SIGN HERE Signature of plan ad	Iministrator	Date,	Enter name of individ
	1	3/14/16	Robert Lass
HERE Signature of employ	eriplan sponsor	Date Date number	Enter name of individ r)
HERE Signature of employ Preparer's name (including firm name)	ime, il applicable) and address (il	and a second sec	
			SE
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the	e instructions for Form 5500-	

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P	a	a	e	2

		i ugo 🗖		-			
6a Were all of the plan's assets during the plan year invested in eligit	ole assets?	? (See instructions.)					
b Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	account	ant (IQ	PA)		
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							X Yes 🗌 No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?] Yes [No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year
a Total plan assets	. 7a		1	8694	2		186687
b Total plan liabilities	. 7b				0		
C Net plan assets (subtract line 7b from line 7a)	7c		1	8694	2		186687
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total
Contributions received or receivable from: (1) Employers	8a(1)				0		
(2) Participants	. 8a(2)				0		
(3) Others (including rollovers)	. 8a(3)				0		
b Other income (loss)	. 8b			2	0		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						20
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d				0		
e Certain deemed and/or corrective distributions (see instructions)	. 8e				0		
f Administrative service providers (salaries, fees, commissions)	. 8f			27	5		
g Other expenses	. 8g			2	0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						275
i Net income (loss) (subtract line 8h from line 8c)	. 8i						-255
j Transfers to (from) the plan (see instructions)	. 8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	n feature ca	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instructions:
B If the plan provides welfare benefits, enter the applicable welfare	feature coo	des from the List of Pla	n Chara	acterist	ic Coo	les in th	e instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's ' Program)	Voluntary I	Fiduciary Correction	10a		x		
b Were there any nonexempt transactions with any party-in-interes			iva				
reported on line 10a.)			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		
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.).	me or all of	f the benefits under	10e		x		
f Has the plan failed to provide any benefit when due under the plan	an?		10f		x		
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х		
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 require	d notice or one of the					

exceptions to providing the notice applied under 29 CFR 2520.101-3.

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40...

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.

Did the plan trust incur unrelated business taxable income?

Pension Funding Compliance

5500) and line 11a below).

j

Part VI

11

12

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11a

Yes 🗌 No

Yes X No

10i

10j

	F	Form 5500-SF 2015 Page 3 -						
	(lf "Ye	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	granti	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an ing the waiver	_	r the ay		e letter i Year	ruling	
lf	you co	ompleted 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	12	2b				
C	Enter t	the amount contributed by the employer to the plan for this plan year	1:	2c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12	2d				
		he minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N	/A
Part		Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			X Yes	No		
		es," enter the amount of any plan assets that reverted to the employer this year						0
	of the	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?) 		Yes X	No	
	which	ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to					
	13c(1)	Name of plan(s): 13c() EIN	(S)		13c(3) PN(s)
Part	t VIII	Trust Information						
14a	Name	of trust	14	bт	rust's EIN			
140	Name	e of trustee or custodian	14		Trustee's telephone			S
	t IX	e of trustee or custodian IRS Compliance Questions	14					S
Par	t IX	IRS Compliance Questions	14		telephone	number		s
Par 15a	tIX Is the			Ye De ba	telephone			
Par 15a 15b	t IX I Is the If "Yes match If the / testing	IRS Compliance Questions e plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer		Ye De ba	telephone s esign- ased safe arbor ethod		DP/A	
Par 15a 15b 15c 16a	t IX I Is the If "Yes match is If the / testing 2(a)(2 i Check	IRS Compliance Questions e plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ning contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- (iii))? at the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		Ye De ba ha m Ye	telephone s esign- ased safe arbor ethod		DP/A est o	.CP
Par 15a 15b 15c 16a	t IX I Is the match if "Yes match is If the / testing 2(a)(2 i Check	IRS Compliance Questions e plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ning contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- 2)(ii))?		Ye De ba ha m Ye	telephone s esign- ased safe arbor ethod es atio ercentage est		DP/A DP/A est D Avera	ICP
Par 15a 15b 16c 16a	t IX I Is the If "Yes match if the A testing 2(a)(2 Check Does 1 this pla	IRS Compliance Questions e plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ning contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- (iii))? (the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining		Ye De ba ha m Ye	telephone s esign- ased safe arbor ethod es atio ercentage est es		DP/A est o Avera o enef	ICP
Par 15a 16b 16c 16a 16b 17a	t IX I Is the If "Yes match if the / testing 2(a)(2 Check Does 1 this pla Has th Date th for tax	IRS Compliance Questions plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ning contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- 2)(ii))? At the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining an with any other plans under the permissive aggregation rules? the last plan amendment/restatement for the required tax law changes was adopted Enter the coverage and codes).		Ye De ba ha m Ye Pe te] Ye	telephone s esign- ased safe arbor ethod s atio ercentage st es ble code _		DP/A est o Avera o ee ins	ACP
Par 15a 16b 16c 16a 16b 17a	t IX I Is the If "Yes match If the / testing 2(a)(2 Check Does t this pla Has th Date tt for tax	IRS Compliance Questions a plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ning contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2)(ii))? At the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining an with any other plans under the permissive aggregation rules? the plan been timely amended for all required tax law changes? the last plan amendment/restatement for the required tax law changes was adopted Enter the changes and codes). plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is submitter plan th		Ye De ba ha m Ye Pe te] Ye	telephone s esign- ased safe arbor ethod s atio ercentage st es ble code _		DP/A est o Avera o ee ins	ACP
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