Form 5500-SF	Short Form Annu	t of Small Emplo	OMB Nos. 1210- 1210-					
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and	4065 of the Employee Re	tirement		2015		
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	057(b) and 6058(a) of the I de).	This Form is Open to Public Inspection				
	Complete all entries in a Identification Information		tructions to the Form 55	00-SF.		-		
For calendar plan year 2015 or fis			and ending 03/	/31/2016				
A This return/report is for:	plan (not multiemployer)(mployer information in acc		0					
B This return/report is	the first return/report	\times the final return/repor	t urn/report (less than 12 mo	onths)				
C Check box if filing under:	Form 5558	automatic extension			DFVC progr	am		
Part II Basic Plan Info	special extension (enter descr rmation —enter all requested inf							
Ia Dasic Flair mile 1a Name of plan ROCKLAND PULMONARY AND P			N AND TRUST	(PN)	number tive date of	•		
	m, apt., suite no. and street, or P.C			2b Emp (EIN)	06/01/1988 nployer Identification Number (N) 13-2995699			
City or town, state or provinc ROCKLAND PULMONARY AND M	e, country, and ZIP or foreign posta IEDICAL ASSOCIATES, PC	al code (if foreign, see ins	structions)	2c Spor	C Sponsor's telephone number 845-353-5600			
2 CROSFIELD AVENUE, SUITE 3 ⁷	18			2d Business code (see instructions)				
WEST NTACK, NY 10994					621111			
3a Plan administrator's name ar	nd address XSame as Plan Spons	sor.		3b Adm	inistrator's E	EIN		
4 If the name and/or EIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	Inistrator's t	elephone number		
	mber from the last return/report.			4c PN				
	at the beginning of the plan year			5a		16		
	at the end of the plan year		1	5b		0		
	account balances as of the end of			5c		0		
d(1) Total number of active particular	rticipants at the beginning of the pla	an year		5d(1)		4		
d(2) Total number of active pa	rticipants at the end of the plan yea	ar		5d(2)		0		
than 100% vested	terminated employment during the			5e		0		
Under penalties of perjury and oth	or incomplete filing of this return her penalties set forth in the instruct nd signed by an enrolled actuary, a plete.	ctions, I declare that I hav	e examined this return/rep	ort, includi	ng, if applic			
SIGN Filed with authorized/	valid electronic signature.	06/07/2016	LEON S. HARRIS					
HERE Signature of plan a	dministrator	Date	Enter name of individu	al signing	as plan adn	ninistrator		
SIGN HERE Signature of emplo	ver/nlan sponsor	Date	Enter name of individu	al signing	as emplove	r or plan sponsor		
	ame, if applicable) and address (in				telephone			
For Paparwork Poduction Act Notic	e and OMB Control Numbers, see the	a instructions for Form 550	0-SE			Form 5500-SF (2015)		

			- 0 -								
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility							Yes	No		
•	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir										
		isurance p	orogram (see ERISA se	ection 4	021)?.		res	No Not deter	minea		
	rt III Financial Information	1				1					
<u> </u>	Plan Assets and Liabilities		(a) Beginning			_		(b) End of Year			
	Total plan assets	7a		4028	0	_	0				
	Total plan liabilities	7b		4028	-	_			0		
	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Ama		015						
-	Contributions received or receivable from:		(a) Amou	unt				(b) Total			
	(1) Employers	8a(1)			0						
	(2) Participants	8a(2)			0						
	(3) Others (including rollovers)	8a(3)			0						
b	Other income (loss)	8b		-263	159						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		-263159			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3765	331						
e	Certain deemed and/or corrective distributions (see instructions)	8e	5700001								
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g			125						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						37654	56		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-40286	515		
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 2A 2E 2F 2G 2J 2R 2T 3D	feature co	odes from the List of PI	an Cha	racteris	stic Co	odes in t	he instructions:			
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Pla	n Chara	acterist	ic Coo	les in th	e instructions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amount			
a		itions withi	n the time period					Allount			
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	-				х					
h	Program) Were there any nonexempt transactions with any party-in-interest			10a		~					
	reported on line 10a.)			10b		Х					
С				10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x					
е	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.).			10e		X					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			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 exceptions to providing the notice applied under 29 CFR 2520.10			10i							
j	Did the plan trust incur unrelated business taxable income?			10i							

Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500) and line 11a below)		plete	Scheo	dule SE	6 (Form	. Yes N	lo
11a	Enter the unpaid minimum required contribution 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 C	ode	or se	ection	302 of	ERISA?	. Yes X N	ю

Form 5500-SF 2015

Page **3** - 1

-					Т				
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	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								
lf	you c	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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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?			X Y	es No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0		
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					0		
D		e PBGC?				X Yes	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I					
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Dert	1/111	Truck Information							
Part		Trust Information							
14a	Name	e of trust		140	Trust's E	IN			
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		1					
15a	Is th	e plan a 401(k) plan?		Y	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe AE harbor te method			PP/ACP st		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Υ	es	No			
16a	Cheo	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цp	Ratio ercentag est		verage enefit test		
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No			
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Y€	es	No			
19	Were	in-service distributions made during the plan year?		Y	es	No			
	lf "Ye	es," enter amount		19					
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A		

Form 5500-SF	Short Form Annu	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and 4	065 of the Employee Re	etirement		2015		
Department of Labor Employee Benefits Securey Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code	7(b) and 6058(a) of the	This Form is Oper				
Pension Benefit Guaranty Corporation	Complete all entries in a	accordance with the instr	uctions to the Form 55	Public Inspection				
	Identification Information		and ending 03/3	1/2016				
For calendar plan year 2015 or ne	cal plan year beginning 06/01/201		and enoning 03/3		cking this b	ox must attach a		
A This return/report is for:	A This return/report is for:							
B This return/report is	the first return/report	the final return/report						
	an amended return/report	🗙 a short plan year returr	n/report (less than 12 m	onins)				
C Check box if filing under:	Eorm 5558	automatic extension			DFVC prog	ram		
	special extension (enter desci							
Part II Basic Plan Info	rmation-enter all requested in	formation						
1a Name of plan Rockland Pulmonary and Medical	Associates, PC 401k Profit Sharing	g Plan and Trust		1b Thre plan (PN)	number	004		
					ctive date o 1/1988	f plan		
2a Plan sponsor's name (emplo Mailing address (include roor	n, apt., suite no. and street, or P.C). Box)		•	loyer Identi) 13-29956	fication Number		
City or town, state or provinc Rockland Pulmonary and Medical	e, country, and ZIP or foreign post Associates, PC	al code (il toreign, see instr	UCTIONS)	2c Sponsor's telephone number (845) 353-5600				
D. Oversteld Australia, Cuida 240				2d Busi 6211		(see instructions)		
2 Crosfield Avenue, Suite 318 West Ntack, NY 10994								
	nd address XSame as Plan Spons	ior.		3b Adm	inistrator's	EIN		
				3C Adm	inistrator's	telephone number		
	a plan sponsor has changed since mber from the last return/report.	the last return/report filed fo	or this plan, enter the	45 EIN 46 PN				
the second se	at the beginning of the plan year			5a		16		
	at the end of the plan year			5b		0		
C Number of participants with	account balances as of the end of	the plan year (defined bene	efit plans do not	5c		0		
	rlicipants at the beginning of the pl			5d(1)		4		
	rticipants at the end of the plan yes			5d(2)		0		
	terminated employment during the			5e		0		
Caution: A penalty for the late Under penalties of perjury and ot SB or Schedule MB completed at belief It is true, correct/and comp	or incomplete filing of this return her penalties set forth in the instru- nd signed by an enrolled actuary, a	Vreport will be assessed ctions. I declare that I have	unless reasonable cau examined this return/rep	port, includi	ing, if applic			
ton	Amin	6/7/2016	Leon S. Harris					
Signature of plan a	dministrator	Date	Enter name of individu	ual signing	as plan adr	ninistrator		
Signature of emplo		Date	Enter name of individu					
Preparer's name (including firm n	ame, if applicable) and address (ir	clude room or suite numbe	ər)	Preparer's	s telephone	number		
					ner _{Al} rida al	ini Alianti Managarita di La		
For Paperwork Reduction Act Notic	e and OMB Control Numbers, see th	e instructions for Form 5500-	SF.			Form 5500-SF (2015) v. 150123		

Form 5500-SF 2015

「「「たちののない」

Same weather

人間やいたのでありたいでは、「「「「「「「」」」」というないです。

Page	2

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes	No No
b	Are you claiming a waiver of the annual examination and report of								X Yes	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann		•						C1 /03	
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_		Not determ	nined
	CIII Financial Information									
7	Plan Assets and Liabilities		(a) Beginnin	a of Ye	ar			(b) End c	of Year	
a	Total plan assets	72		402861		T	C			
	Total plan liabilities	. 7b			0				0	
c	Net plan assets (subtract line 7b from line 7a)	. 7c		402861	5		0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt			(b) Total			
a	Contributions received or receivable from: (1) Employers	. 8a(1)			0		A Stratter Land La			
	(2) Participants	8a(2)			0	1. A.	i gun		he traffers	
	(3) Others (including rollovers)	8a(3)				1. A.	r _{sp} er		C. Carlos	194. 1967.4
<u>b</u>	Other income (loss)	8b		-26315		к. К	1. 21	1. S.	AND ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	<u> </u>
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1 - A				-263159	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		376533	1					
e	Certain deemed and/or corrective distributions (see instructions)	8e		_		1.8	12	A REAL PROPERTY		in the
	Administrative service providers (salaries, fees, commissions)	<u>8f</u>							The state of the s	
g	Other expenses	- 8g		12	:5	1	and same		1995 (<u>7</u> 8	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	and the second						3765456	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	<u>8</u> i	and the second	jels -	* *	lassing the second s	in K. C. Statistic	Statu Datase New York	-4028615	
]	Transfers to (from) the plan (see instructions)	8 j					1. A.		the sec	
dia .	Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic C	odes in :	the instruct	ions:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	cteris	ic Co	des in tr	e instructio	ns:	
	Compliance Questions			-						
10	During the plan year:		and the second se		Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-1027 (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x				·····
b	Were there any nonexempt transactions with any party-in-Interest	? (Do not	include transactions			x				
	reported on line 10a.)			106		<u>,</u>	100			
				10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10 d		х				
e	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.)	ne or all of	the benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х	1. 			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			10h		х	- 1		hi. Fr	
i	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			101			11.02 M	e prize (1994) 1995 - 1997 -	huter or 5	Kay and a
1	Did the plan trust incur unrelated business taxable income?			10j						
	Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ients? (If "	Yes," see instructions	and con	nplete	Sche	dule SB	(Form	Yes	No
11a	Enter the unpaid minimum required contribution for all years from						11#			

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

Form 5500-SF 2015	Page 3 - 1							
(If "Yes," complete line 12a or lines 12b,	12c, 12d, and 12e below, as applicable.)							
granting the waiver.	dard for a prior year is being amortized in this plan year, see in	Month	enter the Day_	date of th	ne letter ru Year	ling		
If 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					
	loyer to the plan for this plan year		12c			-		
	amount in line 12b. Enter the result (enter a minus sign to the		12d					
e Will the minimum funding amount report	ed on line 12d be met by the funding deadline?			Yes	No	N/A		
Barty Plan Terminations and Tra	ansfers 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 as	If "Yes," enter the amount of any plan assets that reverted to the employer this year					0		
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the co of the PBGC?							
C If during this plan year, any assets or lia which assets or liabilities were transferred	bilities were transferred from this plan to another plan(s), iden ad. (See instructions.)	tify the plan(s) to						
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) F	PN(s)		
	• • • • • • • • • • • • • • • • • • •			75				
Part Kill Trust Information			445 ~	rust's ElN				
14a Name of trust			140	fusis ein				
14C Name of trustee or custodian					14d Trustee's or custodian's telephone number			
RS Compliance Question	ins							
15a is the plan a 401(k) plan?			Yes	3	■ No			
	the nondiscrimination requirements for employee deferrals and environments for employee deferrals and environment for environment of the sections 401(k)(3) and 401(m)(2)?		ba ha	sign- sed safe rbor sthod	ADF test			
testing method" for nonhighly compensat	k) plan perform ADP/ACP testing for the plan year using the " ted employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.	401(m)-] Ye	3	N 0			
	ed by the plan to satisfy the coverage requirements under sec		Ra pe tes	rcentage	<u> </u>	erage lefit test		
	pondiscrimination tests of sections 410(b) and 401(a)(4) by con- permissive aggregation rules?		Ye:	s	N 0			
17a Has the plan been timely amended for all	required tax law changes?	* * * * * * * * * * * * * * * * * * * *	Yes	3	N 0	N/A		
17b Date the last plan amendment/restateme for tax law changes and codes).	nt for the required tax law changes was adopted	. Enter the a	pplicabl	e code	(See in	structions		
	-approved master and prototype (M&P) or volume submitter p	•	t to a fa	vorable IR	S opinion	or		
advisory letter, enter the date of that favo 17d if the plan is an individually-designed plan determination letter	n and received a favorable determination letter from the IRS, of		the plan	's last fav	orable			
18 Is the Plan maintained in a U.S. territory	(i.e., Puerto Rico (If no election under ERISA section 1022(i)(mmonwealth of the Northern Mariana Islands or the U.S. Virgi		Yes		No			
19 Were in-service distributions made during	g the plan year?		Yes	3	No			
If "Yes," enter amount			19					
	de to 5% owners who have attained age 70 ½ (regardless of v (9)?		_ Yet	8	No No	N/A		