For	orm 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan					OMB Nos. 1210-0110 1210-0089				
	ment of the Treasury al Revenue Service	This form is required to be file		-	etirement	2015				
Employee Be	partment of Labor nefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the			orm is Open to c Inspection			
	nefit Guaranty Corporation	Complete all entries in a	ccordance with the i	nstructions to the Form 55	00-SF.					
For calenda	r plan year 2015 or fisca	lentification Information al plan year beginning 01/01/2	015	and ending 10	/31/2015					
	Irn/report is for:	a single-employer plan	a multiple-employ	er plan (not multiemployer) employer information in ac	(Filers check	-				
B This retu	rn/report is	the first return/report an amended return/report	X the final return/rep X a short plan year r	ort eturn/report (less than 12 m	onths)					
C Check b	ox if filing under:	Form 5558	automatic extension	n	DF	VC progra	am			
Part II	Basic Plan Inforr	nation—enter all requested inf								
1a Name c I & R MEDIC					1b Three- plan nu (PN) 1c Effectiv	umber ve date of				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)						01/01/2010 2b Employer Identification Num (EIN) 20-0363129				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) & R MEDICAL PC					2c Sponsor's telephone number 718-762-4500					
6711 164TH S	STREET				2d Busine	ess code (s	ee instructions)			
FLUSHING, N						6211 ⁻	11			
3a Plan ad	ministrator's name and	address XSame as Plan Spons	or.		3b Admini		IN lephone number			
		lan sponsor has changed since t er from the last return/report.	he last return/report file	ed for this plan, enter the	4b EIN					
a Sponso		er from the last return/report.			4c PN					
5a Total n	umber of participants at	the beginning of the plan year			5a		10			
		the end of the plan year			5b		0			
		count balances as of the end of t		-	5c		0			
d(1) Tota	I number of active partic	pipants at the beginning of the pla	an year		5d(1)		6			
		cipants at the end of the plan yea			5d(2)		0			
than 1	00% vested	minated employment during the			5e		0			
Under pena SB or Scheo	Ities of perjury and othe	incomplete filing of this return r penalties set forth in the instruc signed by an enrolled actuary, a te	tions, I declare that I h	ave examined this return/rep	oort, including	g, if applica				
SIGN	Filed with authorized/va		07/21/2016	I. BANGY						
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing as	s plan adm	inistrator			
SIGN HERE	Signature of omploye	r/nlan spansor	Date	Entor name of individ	ual cigning ac		or plan spansor			
Preparer's r	Signature of employed ame (including firm nar	ne, if applicable) and address (in		Enter name of individues the second s	Preparer's te					

			-								
-	a 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 an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
	If you answered "No" to either line 6a or line 6b, the plan cann										
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?										
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year			
а	Total plan assets		147	948		0					
b	Total plan liabilities	. 7b			0			0			
С	Net plan assets (subtract line 7b from line 7a)	. 7c		147	948			0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total			
а	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			118						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						118			
d	Benefits paid (including direct rollovers and insurance premiums	04		148	066						
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	. 8d		140							
f		8e		0							
		dministrative service providers (salaries, fees, commissions) 8f									
<u> </u>	Other expenses							148066			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	1						-147948			
i	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)					-		-147940			
,		8j									
	t IV Plan Characteristics			0							
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2F$ $3D$	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in 1	the 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 Coc	les in th	e instructions:			
Par	t 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 contribu										
	described in 29 CFR 2510.3-102? (See instructions and DOL's V		-	100		х					
b	Program) Were there any nonexempt transactions with any party-in-interest			10a		~					
	reported on line 10a.)			10b		Х					
<u>с</u>				10c	Х			20000			
C	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					x					
e	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						Х					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10f 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	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10j							

Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500) and line 11a below)			Sched	ule SB	(Form	Yes	s X No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	0			11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	he Cod	e or se	ction 3	302 of E	RISA?	Yes	s X No

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-					Т					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter r Year	uling			
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				
	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 other states of the states of t							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		116	T	15.1				
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- ased safe arbor nethod	L1	ADP/ACP test			
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	No			
16a	Chec	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	al Return/Report Benefit Plan	of Small Employee	OMB Nos. 1210-0110 1210-0089					
Department of the Traesury Internal Revenue Service	This form is required to be file	d under sections 104 and	4065 of the Employee Retirement	mai This Form is Open to					
Department of Labor Employee Benefits Security Administration	I income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Code	57(b) and 6058(s) of the Internal						
Pention Benefit Guaranty Corporation Part I Annual Report I		accordance with the inst	ructions to the Form 5600-SF.	Public Inspection					
For calendar plan year 2015 or fis	cal plan year beginning	01/01/2015	and ending 1 (/31/0015					
	a single-employer plan		lan (not multiemployer) (Filers ch	1/31/2015					
A This return/report is for: a one-participant plan a one-participan									
B This return/report is	the first return/report	K the final return/report							
·	an amended return/report	2	n/report (less than 12 months)						
C Check box if filing under:	K Form 5558	automatic extension	п	DFVC program					
	special extension (enter desc	ription)	Ц						
	mation-enter all requested in	formation							
1a Name of plan			1b The	ee-digit					
I & R Medical PC Prot	tit Sharing Plan			n number					
				i) DO1					
	01	/01/2010							
2a Plan sponsor's name (employ Mailing address (include room City or form, state or province	er, if for a single-employer plan) I, apt., suite no, and street, or P.C I, country, and ZIP or foreign post). Box)	2b Em	ployer Identification Number N) 20-0363129					
I & R Medical PC	a and the second state of	ar cons (n total jit, sos itist	ZC Sp	onsor's telephone number					
				18) 762-4500					
6711 164th Street				2d Business code (see instructions) 621111					
Flushing		NY	11365						
3a Plan administrator's name and	dadress XSame as Plan Spon			3b Administrator's EIN					
			3C Adr	ninistrator's telephone number					
4 If the name and/or EIN of the	plan sponsor has changed since	the last return/report filed f	or this plan, enter the 4b EIN						
name, EIN, and the plan num a Sponsor's name	ber from the last return/report.								
		<u>. </u>	4C PN						
5a Total number of participants a				10					
C Number of participants with a	it the end of the plan year ccount balances as of the end of	enter a la company de la filma de la company	5b	0					
complete this item)	coont partices to a fit and of	na hisu lest (cented bets	erit plans do not 5C	0					
d(1) Total number of active part	icipants at the beginning of the pl	an veer	5d(1)	6					
	icipants at the end of the plan ye								
 Number of participants that to 	eminated employment during the	pian year with accrued be	nefits that were less						
than 100% vested	Incomplete filling of this pairs		uniesa ressonable cause is est	0					
Under penalties of periury and other	ar penalties set forth in the instru	tions. I declare that I have	evenined this return/report inclu	ding Magallachia a Oshadul					
SB or Schedule MB completed and belief, it is true, correct, and completed	a signed by an enfolled actuary, a	s well as the electronic ver	rsion of this return/report, and to the	te best of my knowledge and					
SIGN BOMO	N. M.D.	7/21/10	I BANGY						
HERE Signature of plan ad									
SIGN	41146 (18 L) EMA	Date	Enter name of Individual signing	g es plan administrator					
Preparer's name (including firm na	empian sponsor Me. if applicable) and address (M	Date	Enter name of Individual signing	as employer or plan sponsor					
		ing ind		's telephone number					
Can Bananan de Rostando - das Adad	1048.4								
For Papanwork Reduction Act Notice	and UMB Control Numbers, see the	Instructions for Form 6500-	-SF,	Form 5500-8F (2015)					

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6a Were all of the plan's assets during the plan year invested in eligi	hie assets"	(See instructions)							(a. [] No.
D Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-487 (See instructions on waiver eligibility	an indeperation and condi	ndent qualified public a lions.)	ecount	ant (IQ	PA)			_	/es No
If you answered "No" to either line 5s or line 6b, the plan can	not use Fo	m 5500-SF and mus	t instea	d use	Form	5500.		-	
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	orogram (see ERISA se	ection 4	021)? .		Yes []No [Not de	termined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Yes	17			(b) End	of Year	,
a Total plan assets	78		14	7,94	9	-			0
b Total plan liablities	. 7b			1	0				0
C Net plan assets (subtract line 7b from line 7a)	7c		14	7,94	8				0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	mt				(b) 1	otal	~
Contributions received or receivable from: (1) Employers					0				
(2) Participants	. Ba(2)			1	0				
(3) Others (including rollovers)	. 8a(3)			(0				
b Other Income (loss)	. 8b			11	B				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	- 8c								118
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			14	3,06	6				
Certain deemed and/or corrective distributions (see instructions)	. 80				0				
f Administrative service providers (salaries, fees, commissions),	Bf			1	0				
g Other expenses	. 8g				0				· · · · · · · · · · · · · · · · · · ·
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						_		148,066
i Net income (loss) (subtract line 8h from line 8c)					T				-147,948
j Transfers to (from) the plan (see Instructions)	- 61								
Part IV Plan Characteristics					_				
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 3D	n feature c	odes from the List of Pl	an Cha	racteri	stic Co	xdes in l	the instru	ctions;	
B If the plan provides welfare benefits, enter the applicable welfare	feature co	les from the List of Pla	n Chan	icterial	le Cod	les in ti	e Instruc	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	NA		Amou	unit
a Was there a failure to transmit to the plan any participant contribing described in 29 CFR 2510.3-102? (See instructions and DOL's)	Voluntary F	iduciary Correction							
b Were there any nonexempt transactions with any party-in-interest	40 /D	laatin kana - tiere	10a		X	}			
reported on line 10a.)			10b		x				
C Was the plan covered by a fidelity bond?			10c	X					20,000
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 of carrier, insurance service, or other organization that provides so 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 pl			10f		X	 			
g Did the plan have any participant loans? (If "Yes," enter amount	es of year	end.)	10g		x				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See Instr	uctions and 29 CFR	10h		x				
I if 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.14	the require	d notice or one of the	10)					<u>-</u>	
Did the plan trust incur unrelated business taxable income?			10)						
Part VI Pension Funding Compliance				L.,	<u>L.</u>				
11 is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	nenta? (If '	Yes," see instructions	and cor	npiete	Sche	dule SB	(Form		Yes X No

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	118

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 -						
	(if "Yes," complete line 12s or lines 12b, 12c, 12d, and 12e below, as application							
<u> </u>	If a waiver of the minimum funding standard for a prior year is being amortize granting the waiver.	******	Month	enter th Day		e letter rull Year	ng	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form							
<u> </u>	Enter the minimum required contribution for this plan year		····	12b				
<u>C 1</u>	Enter the amount contributed by the employer to the plan for this plan year	******		12c		_		
	negative amount)	*********	******	12d				
	Will the minimum funding amount reported on line 12d be met by the funding	deadline?			Yes	No	N/A	
Part V	VII Plan Terminations and Transfers of Assets							
<u>13a</u>	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 thi			13a			0	
	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?			*******	X	Yes 1	10	
	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), id	entify the plan(s) to	,				
1	3c(1) Name of plan(s):		13c(2)	EiN(s)		13c(3) P	N(s)	
Part	Vill Trust Information							
14a)	Name of trust			14b	Truat's EIN			
				Į				
14c	Name of trustee or custodian			14d Trustee's or custodian's telephone number				
Part	IX IRS Compliance Questions			1				
158	Is the plan a 401(k) plan?				_	No		
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements i matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)	?		[] Þ	esign- aaed aafe arbor tethod	ADP/ACP test		
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for I testing method" for nonhighty compensated employees (Treas. Reg sections 1 2(a)(2)(0))?	.401(k)-2(a)(2)(l) and	(1.401(m)-	Yes		No		
	Check the box to indicate the method used by the plan to satisfy the coverage		• •	Ratio percentage test		Ave ben	rage ofit test	
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410 this plan with any other plans under the permissive aggregation rules?	*******	***********	٦Y	88	No.		
17a	Has the plan been timely amended for all required tax law changes?			Y []	63	No		
	D Date the test plan amendment/restatement for the required tax law changes a for tax law changes and codes).		Enter the ap			(See inst	_	
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and the letter's serial number								
17d	If the plan is an individually-designed plan and received a favorable determina determination letter	tion letter from the IR	S, enter the date o	f the pla	in's last fav	/orable		
18	is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under made), American Samos, Guam, the Commonwealth of the Northern Mariana	ERISA section 1022 Islands or the U.S. V	(i)(2) has been irgin islands)?	[]Y	26	No		
19	Were in-service distributions made during the plan year?		*******		es	No		
	If "Yes," onler amount			19	1	<u> </u>		
-	Were required minimum distributions made to 5% owners who have attained a retired), as required under section 401(a)(9)?	ge 70 ½ (regardless	f whether or not		es	No		
