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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information					
For calend	lar plan year 2015 or t	fiscal plan year beginning 01/01/	<u> 2015 </u>	and ending 12	/31/2015		
A This re	turn/report is for:	a single-employer plan		olan (not multiemployer) (mployer information in acc			
		a one-participant plan	a foreign plan				
B This ret	urn/report is	the first return/report	the final return/report	en la constitución de la constit	(I)		
		an amended return/report	a snort plan year retur	rn/report (less than 12 mo	ontns)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC	program	
Don't II	Dania Dian Inf	special extension (enter desc	·				
Part II		ormation—enter all requested in	formation		41	. 1	
1a Name MID-ISLAN	•	INE & REHABILITATION, P.C. PRO	OFIT SHARING PLAN		1b Three-dig plan numl (PN) ▶		
					1c Effective		
2a Plan s	sponsor's name (empl	oyer, if for a single-employer plan)			2b Employer	Identification Number	
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign pos		ructions)	(EIN)	11-3096773	
		NE & REHABILITATION, P.C.	tai code (ii foreign, see inst	ructions)		s telephone number 516-338-5182	
45 JEDIOLIO	TUDNOUSE				2d Business	code (see instructions)	
) TURNPIKE IY 11753-1001					621111	
3a Plan a	administrator's name a	and address XSame as Plan Spon	sor		3b Administra	ator's FIN	
		auai aa i iaii epeii					
					3c Administra	ator's telephone number	
4 If the	name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed f	for this plan, enter the	4b EIN		
	e, EIN, and the plan nu sor's name	umber from the last return/report.			4c PN		
5a Total	number of participant	s at the beginning of the plan year.			5a	12	
b Total	number of participant	s at the end of the plan year			5b	12	
		account balances as of the end of		*	5c	12	
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	7	
d(2) Tot	tal number of active p	articipants at the end of the plan ye	ar		5d(2)	8	
e Numl	ber of participants tha	t terminated employment during the	e plan year with accrued be	enefits that were less	5e	1	
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau			
SB or Scho		other penalties set forth in the instru and signed by an enrolled actuary, aplete.					
SIGN	Filed with authorized	d/valid electronic signature.	10/14/2016	ALI GUY			
HERE	Signature of plan	administrator	Date	Enter name of individu	an administrator		
SIGN							
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ıal signing as en	nployer or plan sponsor	
Preparer's		name, if applicable) and address (i			ame of individual signing as employer or plan sponsor Preparer's telephone number		

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligit 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 control or the control or the plan cannot be a control or the plan cannot be a control or the control	an independent	dent qualified public a	ccount	ant (IQ	PA)			X Yes	
C If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	rmined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a Total plan assets	7a		1128	3312				1150	
b Total plan liabilities	7b 7c		1128	1312				10918	956 836
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	70	(a) Amou		1012	+		(b) 7	Total	000
a Contributions received or receivable from:		(a) Amot	ant				(6)	Otai	
(1) Employers	8a(1)		24	1445					
(2) Participants	8a(2)								
(3) Others (including rollovers)	 		60	0004					
b Other income (loss)			-00)921				-364	476
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c							-30-	470
to provide benefits)	8d								
e Certain deemed and/or corrective distributions (see instructions)	8е								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses									0
h Total expenses (add lines 8d, 8e, 8f, and 8g)								-364	0 476
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	i i							-30	470
Part IV Plan Characteristics	·· 8j								
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 3D 3H									
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instruc	tions:	
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 Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?				X					400000
d Did the plan have a loss, whether or not reimbursed by the plan's			10c	^					100000
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 t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla			10f		Χ				
					Χ				
h If this is an individual account plan, was there a blackout period?	Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10				X				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i						
j Did the plan trust incur unrelated business taxable income?			10i		X				
Part VI Pension Funding Compliance			,						
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								Yes	s No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding	g requireme	nts of section 412 of t	he Cod	e or se	ction (302 of EF	RISA?	Yes	s X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b 1	Γrust's EIN	١			
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
140 Name of trustee of custodian					telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method					
15c	5c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					Yes No			
16a	6a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					Ratio percentage benefit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), 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 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

2015

This Form is Open to Public Inspection

Part I Annual Repo	ort Identification Information	on								
For calendar plan year 2015 of	or fiscal plan year beginning	01/01/2015	and ending	12/31/20	015					
	an (not multiemployer) (F									
A This return/report is for:			accordance with the form instructions)							
	a one-participant plan	a foreign plan								
B This return/report is	the first return/report	the final return/report								
D This return report is	an amended return/report		/report (less than 12 mor	nonths)						
2	an amended returns eport	a short plant year retain								
C Check box if filing under:		☐ DFVC program								
	special extension (enter description)									
Part II Basic Plan II	nformation—enter all requested	dinformation								
1a Name of plan				1b Three-digit	000					
	AL MEDICINE & REHABIL	ITATION, P.C. PROF	IT SHARING	plan number (PN) ▶	002					
PLAN				1c Effective date of plan						
				01/01/20						
2a Plan sponsor's name (em	nployer, if for a single-employer pla	n)		2b Employer Ide	entification Number					
Mailing address (include	room, apt., suite no, and street, or	P.O. Box)	uctions)	(EIN) 11-3						
City or town, state or prov	vince, country, and ZIP or foreign p CAL MEDICINE & REHABI	TITATION, P.C.	uctions)	2c Sponsor's te						
MID-ISHAND INIOI	CALL TIESTOTICS & TIESTOTICS		-	516-338-						
15 JERICHO TURNPI	LKE			621111	de (see instructions)					
10 011110110 1011111										
JERICHO	NY 11753-	1001								
3a Plan administrator's nam	e and address XSame as Plan Sp	oonsor.		3b Administrator's EIN						
			-	3c Administrator's telephone number						
				3c Administrator's telephone number						
			- this also sets the	4h FIN						
4 If the name and/or EIN o	of the plan sponsor has changed singled in number from the last return/report	nce the last return/report filed for	or this plan, enter the	4b EIN						
a Sponsor's name	Thumber from the last return epon			4c PN						
	ants at the beginning of the plan ye	ar		5a	12					
	ants at the end of the plan year			5b						
C Number of participants v	with account balances as of the end	d of the plan year (defined ben	efit plans do not	5c						
complete this item)	Mill Cood in Selection				12					
d(1) Total number of active	e participants at the beginning of th	e plan year		5d(1)	7					
1.50 .5	e participants at the end of the plar			5d(2)	8					
e Number of participants	that terminated employment during	the plan year with accrued be	nefits that were less	5e	1					
then 1000/ wasted	late or incomplete filing of this re			se is established	1					
	d ather penalties set forth in the in	ctructions I declare that I have	examined this return/rep	on, including, il al	oblicable, a ochequie					
SB or Schedule MB complete	ed and signed by an enrolled actua	ry, as well as the electronic ve	rsion of this return/report,	, and to the best o	f my knowledge and					
belief, it is true, correct, and	complete./	10/0/1	ALI GUY							
SIGN	1 July 11/1	1/1/10								
Signature of pl	lan administrator	Date	Enter name of individu	ial signing as plan	administrator					
SIGN										
HERE Signature of er	mployer/plan sponsor	Enter name of individu	ual signing as emp Preparer's teleph							
Preparer's name (including f	irm name, if applicable) and addres	ss (include room or suite numb	er)	rieparer's telepr	ione number					
1										
					F FF00 OF (0047)					
For Panerwork Reduction Act	Notice and OMB Control Numbers, s	ee the instructions for Form 5500)-SF.		Form 5500-SF (2015) v. 150123					

Form 5500-SF 2015		Page 2								
 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 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 continued to the plan's assets during the plan year invested in eligible. 	an indeper and condit ot use Fo	ndent qualified public actions.) rm 5500-SF and must	countai	nt (IQF 	PA) Form	5500.		X	Yes [No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA sec	ction 40	21)?	···· 🔲	Yes [No [Not de	etermin	ed
Part III Financial Information										
7 Plan Assets and Liabilities	l	(a) Beginning	of Year	r			(b) End	of Yea	r	
a Total plan assets	7a		L,128		2			1,	150,	792
b Total plan liabilities	7b								58,	956
C Net plan assets (subtract line 7b from line 7a)	7c		1,128	,312	2			1,	091,	836
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt		<u> </u>		(b) ¹	Total		
Contributions received or receivable from: (1) Employers	8a(1)		24	,445	5					
(2) Participants	8a(2)									
(3) Others (including rollovers)	8a(3)				<u> </u>					
b Other income (loss)	. 8b		-60	, 92	1					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				—				-36	476
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
e 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	ļ			-				3.6	0
i Net income (loss) (subtract line 8h from line 8c)					-				-36	476
j Transfers to (from) the plan (see instructions)	· 8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension	n feature c	odes from the List of Pla	an Char	acteris	stic Co	des in t	ine instru	ictions:		
2A 2E 3D 3H B If the plan provides welfare benefits, enter the applicable welfare	footure co	des from the List of Plan	Chara	cterist	ic Cod	es in th	e instruc	tions:		
B If the plan provides welfare benefits, enter the applicable welfare	icature co									
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amo	unt	
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's	utions with Voluntary	in the time period Fiduciary Correction			х					
Program)			10a		x					
reported on line 10a.)			10b		<u> </u>					
C Was the plan covered by a fidelity bond?			10c	Х			<u> </u>		10	0,000
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		X		<u> </u>			
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 o	t the benefits under	10e		х					
f Has the plan failed to provide any benefit when due under the pl	an?		10f		X					
g Did the plan have any participant loans? (If "Yes," enter amount			10g	<u> </u>	Х	<u> </u>	ļ			
2520.101-3.)	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				х					
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the requir	ed notice or one of the	10i							
j Did the plan trust incur unrelated business taxable income?			10j	<u></u>	х	<u> </u>				
Part VI Pension Funding Compliance								-		
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)							3 (Form		Yes	No
11a Enter the unpaid minimum required contribution for all years fro	m Schedu	le SB (Form 5500) line	40			. 11a			1	<u> </u>
12 Is this a defined contribution plan subject to the minimum fundi	ng require	ments of section 412 of	the Coo	de or s	ection	302 of	ERISA?		Yes	X No

F	rm 5500-SF 2015 Page 3 -					
(If "Ye	," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a If a wa	ver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a g the waiver	nd en	ter the Day	date of the	e letter rulir /ear	ng
If you co	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	- 1-	405			
	e minimum required contribution for this plan year		12b 12c			
C Enter th	C Enter the amount contributed by the employer to the plan for this plan year					
negati	12d					
e Will th	minimum funding amount reported on line 12d be met by the funding deadline?		L	Yes	No	N/A
Part VII	Plan Terminations and Transfers of Assets					
	esolution to terminate the plan been adopted in any plan year?			Yes	X No	
	," enter the amount of any plan assets that reverted to the employer this year		13a			
of the	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?		trol		Yes 🛛 N	10
	ig this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(assets or liabilities were transferred. (See instructions.)					
13c(1) [ame of plan(s):	(2) E	IN(s)		13c(3) P	N(s)
Part VIII	Trust Information					
14a Name	f trust		14b ⁻	Γrust's ElN		
14c Name	of trustee or custodian		14d	Trustee's telephone		n's
Part IX	IRS Compliance Questions					
15a is the	plan a 401(k) plan?		□ Ye	es	No	
15h If "Ye	," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employering contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		☐ b	esign- ased safe arbor aethod	ADP test	/ACP
testin	NDP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- (ii))?		Y	es	∏No	
	the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		Цp	atio ercentage est		rage efit test
16b Does this p	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?] Y	es 	∏ No	
17a Has t	e plan been timely amended for all required tax law changes?		Y		∏No (Sac i	N/A
for ta	law changes and codes).			ble code _		nstructions
advis	olan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is s bry letter, enter the date of that favorable letter and the letter's serial number			·_		or
deter	olan is an individually-designed plan and received a favorable determination letter from the IRS, enter the da nination letter					
18 Is the	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has beer , American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?		Y			
19 Were	in-service distributions made during the plan year?		_ Y	es	No	
	s," enter amount		19	<u> </u>		
20 Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or it), as required under section 401(a)(9)?	not	_ Y	es	□No	□ N/A

S (1) (1) **●** (1)