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		t Identification Information							
For calend	lar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018				
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions.									
B This return/report is		a one-participant plan	a foreign plan						
D This ret	urn/report is	the first return/report	the final return/report						
0 5: .		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am			
D 4 11		special extension (enter desc	<u> </u>						
Part II		ormation—enter all requested in	formation						
1a Name CORSO PH	of plan YSICAL THERAPY 4	01(K) PLAN			1b Three-dig plan num (PN) ▶	ber 001			
					1c Effective	date of plan 01/01/2015			
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C) Box)		2b Employer Identification Number				
City or	`	nce, country, and ZIP or foreign post	,	tructions)	(EIN) 11-3089177 2c Sponsor's telephone number				
				-	631-724-9509 2d Business code (see instructions)				
2375 NEW Y	ORK AVE		W YORK AVE STON STATION, NY 1174	6-4212	621340				
	10M1MC10MC1AHON, M1 11740 4212								
3a Plan a	administrator's name a	and address X Same as Plan Spo	nsor.		3b Administra	ator's EIN			
					3c Administr	ator's telephone number			
		he plan sponsor or the plan name hoonsor's name, EIN, the plan name a			4b EIN				
a Spons c Plan N	sor's name				4d PN				
C Plairi	varne								
5a Total	number of participant	ts at the beginning of the plan year.			5a	9			
		is at the end of the plan year n account balances as of the end of			5b	9			
		T account balances as of the end of			5c	1			
` '		articipants at the beginning of the pl	•		5d(1)	9			
d(2) Total number of active participants at the end of the plan yeare Number of participants who terminated employment during the plan year with accrued benefits that were less					5d(2) 9				
than	100% vested	or incomplete filing of this return			5e	0			
Under pen SB or Scho	alties of perjury and o	other penalties set forth in the instru- and signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/rep	oort, including, it	f applicable, a Schedule			
SIGN	Filed with authorize	authorized/valid electronic signature. 06/14/2019 CHARLENE CORS		CHARLENE CORSO					
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as pl	an administrator			
SIGN HERE	Filed with authorized/valid electronic signature. 06/14/2019 ANTHONY CORSO								
	Signature of empl	loyer/plan sponsor	Date	Enter name of individual signing as employer or plan sponso					

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6a	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 cannot use Form 5500-SF and must instead use Form 5500.								
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined								
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this pl	lan yea	r		(See instructions.)		
Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year		
а	Total plan assets	7a	11	11022			107490		
b	Total plan liabilities	7b							
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	11	11022			107490		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt	_		Yes No Not determined Not determ		
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-2468					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-2468		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		1064					
g	Other expenses								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)						1064		
	Net income (loss) (subtract line 8h from line 8c)	8i					-3532		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	acterist	ic Code	es in the instructions:		
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.)	t? (Do not	include transactions	10b		X			
c	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					X			
е	by fraud or dishonesty?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.)						202		
f	Has the plan failed to provide any benefit when due under the plan?					X			
g							42832		
n	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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						

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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 section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	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 y	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							
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?		Yes X 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?		Yes X No						
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s) to							
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor Employee Benefile Security Administration Penalon Benefil Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0069

2018

This Form is Open to Public Inspection

Pension Benefit Gueranty Corporation	n ▶ Complete all entries in .	accordar	nce with the instruc	tions to the Form 55	00-SF.					
	rt Identification Information)					W 1111 X 211 Z			
For calendar plan year 2018 or		2018			/31/20					
A This return/report is for:	(nol multiemployer) (F loyer information in acc	llers c cordan	hecking this box ce with the form	cmust attach a instructions.)						
	a one-participant plan	a one-participant plan								
B This return/report is	the first return/report	the first return/report the final return/report								
	an amended return/report	o sh	ort plan year return/	report (less than 12 mo	onths)					
C Check box if filing under:	Form 5568	□	omatic extension	[] DF\	/C program				
Mary 11-11-11-10 (Columnia)	special extension (enter desc									
II. BANDA BANDA BANDA	formation—enter all requested in	formattor	1		dh.	Throp digit				
1a Name of plan CORSO PHYSICAL THERAPY	401(K) PLAN				1	Three-digit plan number (PN)	001			
						Effective date o	f plan 1/2015			
	ployer, if for a single-employer plan) room, apt., suite no. and street, or P.	O. Boxl		•		Employer Identi	fication Number			
Cily or town, state or prov CORSO PHYSICAL THERAPY	ince, country, and ZIP or foreign pos	lai code (if foreign, see instru	ctions)		Sponsor's telep	hone number			
					2d		(see instructions)			
2376 NEW YORK AVE HUNTINGTON STATION, NY 11746-4212 2376 NEW YORK AVE HUNTINGTON STATION, NY 11746-4212					621340					
3a Plan administrator's name	e and address X Same as Plan Spo	onsor.			3b	Administrator's	EIN			
					3с	Administrator's	lelephone number			
					4h	Fihi	1000			
4 If the name and/or EIN of this plan enter the plan s	f the plan sponsor or the plan name t sponsor's name, EIN, the plan name	nas chang and the r	god since the last rel blan number from the	lurn/report filed for a last return/report.	4b EIN					
a Sponsor's name C Plan Name		,			4d	PN				
5a Total number of participa	ants at the beginning of the plan year				5:	я	9			
b Total number of participa	ints at the end of the plan year			111111111111111111111111111111111111111	51	o	9			
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)						s	1			
d(1) Total number of active participants at the beginning of the plan year						(1)	9			
	e participants at the end of the plan y				5d((2)	9			
than 100% vested	who terminated employment during t				5		0			
Under penalties of periury and	ate or incomplete filing of this retu d other penalties set forth in the instr	uctions. I	declare that I have o	examined this return/re	port, li	ncluding, if appli	cable, a Schedule			
SB or Schedule MB complete belief II is true, correct, and co	id and signeatby an enrolled actuary,	, as well a	is the electronic vers	sion of this return/repor	nt, and	to the best of m	y knowledge and			
SIGNAL (/Max (erian Arabo		6-14-19	Charlene	. (orso				
Signature of the	administrator		Date	Enter name of Individ		ining as plan ac	iministrator			
010010010000000000000000000000000000000	Not and the second		1-111-19	0.11		2				

Date

Enter name of individual signing as employer or plan sponsor

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.) 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 cannot use Form 5500-8F and must inetead use Form 5500.									
C	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the						Yes ∐No ———	∐ Not dete (See instru		
ilir "JP	Financial Information									
(1)8()(新 フ			(a) Beginning o	Year			(b) End	of Year		
a	Total plan assets	7a		1022		107490				
b	Total plan liabilities	7b								
C	Net plan assals (subtract line 7b from line 7a)	7c	11	1022				107490		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
	Contributions received or receivable from:	TOTAL MANAGEMENT								
	(1) Employers	88(1)			818			llali i kitari akada Muhukok taren		
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)			116					
b	Other Income (loss)	d8		2468 65 55 66	188			HARIAMINAL SA	外域於問題關	
C	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. Bc		re del	(8) (8) (8) (8) (8) (8) (8) (8) (8) (8)	กรระบบเกร	OESTO CONTRACTO DE	-2468 Эмерикания	0000000 GFs 1856	
d 	Benefits peld (Including direct rollovers and insurance premiums to provide benefits)	. 8d								
8	Certain deemed and/or corrective distributions (see instructions)	. Be						AVALUATION OF THE SALES		
f	Administrative service providers (sateries, fees, commissions)	18	1064			instanting.				
_9	Other expenses	. Og	0g			r.West in			i sidan katan	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				SELOT.			1064		
	Net Income (loss) (subtract line 8h from line 8c)	, 81				AHUIGZGA	BROODERHEEOFERSTENS	-3532 hhitanetistaen	entoralibrotismi	
J	Transfers to (from) the plan (see instructions)									
	Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	n feature co	odes from the List of Pia	n Char	acteris	tic Co	des in the insi	ruotions:		
b	If the pien provides welfare benefills, enter the applicable welfare	feature co	des from the List of Plar	n Chara	cteriat	lc Cod	es in the instr	uctione;		
P.	Compliance Questions		-							
10	During the plan year:				Yes	No		Amount		
-	Was there a fallure to transmit to the plan any participant contrib described in 29 CFR 2810.3-102? (See instructions and DOL's	Voluntary !	Fiduciary Correction	10a		x				
	Program) Were there any nonexempt transactions with any party-in-interest	el? (Do not	include transactions	10a		×				
	reported on line 10a.)			100		×			····	
				100						
	by fraud or dishonesty?			10d		Х				
	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.)				x				202	
	f Has the plan falled to provide any benefit when due under the plan?					×				
	Did the plan have any participant loans? (If "Yes," enter amount			10g	X		THE CONTRACTOR OF THE PROPERTY	4:	2032 <i>************************************</i>	
	h If this is an individual account plan, was there a blackout period 2520,101-3.)		mmmmmmmmm	10h		х				
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			101						

	Form 5500-SF (2018)		Page 3- 1					
novisiáří)	inosi							
Par	Pension Funding Compliance		71.					
11	is this a defined benefit plan subject to min (Form 5500) and line 11a below)	imum funding requirements? (If "Yes	s," see instructions and co	mplete 9che	edule SI	3	Ye	s 🛭 No
118	Enter the unpaid minimum required contrib	utions for all years from Schedule S	B (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject t ERISA? (If "Yes," complete line 12s or lines 12b, 1	o the minimum funding requirement	s of section 412 of the Co	de or section			Ye	s X No
a	If a waiver of the minimum funding standar granting the waiver.	d for a prior year is being emortized	in this plan year, see Inst	uctions, and	l enter t Day	he date o	the letter r Year	uling
lfy	you completed line 12a, complete lines 3	9, and 10 of Schedule MB (Form	5500), and skip to line 1	3.				
b	Enter the minimum required contribution for	this plan year			12b			
С	Enter the amount contributed by the employ	er to the plan for this plan year			12c			
d	Subtract the amount in line 12¢ from the arnegative amount)				12d			
8	Will the minimum funding amount reported	on line 12d be met by the funding d	eadline?			Yes	No L	N/A
	Plan Terminations and Tran	sfers of Assets						
	Has a resolution to terminate the plan been a	dopted in any plan year?				Yes	X No	
	If "Yes," enter the amount of any plan asse	ets that reverted to the employer this	year	• • • • • • • • • • • • • • • • • • • •	13a			
b	Were all the plan assets distributed to part control of the PBGC?						Yes 🗓	No
¢		lities were transferred from this plan					· · · · · · · · · · · · · · · · · · ·	
	l3c(1) Name of plan(s):			130(2)	EIN(8)		13c(3)	PN(s)