Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pension	benefit Guaranty Corporation	 Complete all entries in 	accordance with the instr	uctions to the Form 550	00-SF.	•
Part I	Annual Report	Identification Information				
For caler		iscal plan year beginning 01/01/2		and ending 12/	/31/2015	
A This r	eturn/report is for:	a single-employer plan a one-participant plan		an (not multiemployer) (ployer information in acc	-	
B This re	eturn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mo	onths)	
C Chec	k box if filing under:	X Form 5558 Special extension (enter desc	automatic extension ription)		DFVC prog	ram
Part II	Basic Plan Info	ormation —enter all requested in	formation			
1a Nam LCL PHYS	e of plan SICAL THERAPY 401(K	() PLAN			1b Three-digit plan number (PN) ▶	001
					1c Effective date o	f plan 7/2007
Maili City	ng address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		uctions)	2c Sponsor's telep	854074
UITE 9 MIDDLETC	TT RD EXTENSION DWN, NY 10940	nd address XSame as Plan Spon			2d Business code (6213 3b Administrator's	340
ou i iaii	administrator s riante a	The address Coarre as Flair opens	301.		3c Administrator's	
		e plan sponsor has changed since imber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	
a Spor	nsor's name				4c PN	
5a Tota	l number of participants	s at the beginning of the plan year			5a	6
b Tota	I number of participants	s at the end of the plan year			5b	8
		account balances as of the end of			5c	2
d(1) ⊤	otal number of active pa		5d(1)	6		
d(2) ⊤	otal number of active pa		5d(2)	8		
e Nur	nber of participants that	t terminated employment during the	e plan year with accrued ber	nefits that were less	5e	0
Caution:	A penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable caus		
SB or Sc		ther penalties set forth in the instruind signed by an enrolled actuary, and the control of the				
SIGN	Filed with authorized	I/valid electronic signature.	08/01/2016	AARON LOEFFLER		

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann 	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)			X Ye	
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	rogram (see ERISA se	ection 4	021)? .		Yes	No	Not det	ermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		29	944				28	8731
b Total plan liabilities	7b		20	944				0	8731
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A max		1944			/b\ T		5/31
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) T	otai	
(1) Employers	8a(1)								
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-1	213					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c								1213
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								0
Net income (loss) (subtract line 8h from line 8c)	8i								1213
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instrud	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instruct	ions:	
Part V Compliance Questions				1					
10 During the plan year:				Yes	No	N/A		Amoun	t
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)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest					X				
reported on line 10a.)			10b		^				
C Was the plan covered by a fidelity bond?			10c	X					10000
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 oth carrier, insurance service, or other organization that provides some	ner persons ne or all of t	s by an insurance the benefits under	10e	X					91
the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan					~				31
· · · · · · · · · · · · · · · · · · ·			10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a		,	10g		X				
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?			10j						_
Part VI Pension Funding Compliance				-		<u>. </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ye	es No
11a Enter the unpaid minimum required contribution for all years from	Schedule \$	SB (Form 5500) line 4	0	<u></u>	<u></u>	11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	Ye	es 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	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		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) 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	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit 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	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).							
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 Senerit 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.

2015

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending X a single-employer plan a multiple-employer plan (not multiemployer). (Filers checking this box must attach a A This return/report is for: list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report B This return/report is the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II | Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit LCL PHYSICAL THERAPY 401(K) PLAN plan number 001 (PN) > 1c Effective date of plan 04/17/2007 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Meiling address (include room, apt., sulte no. and street, or P.O. Box) (EIN) 14-1854074 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see Instructions) 2c Sponsor's telephone number LCL PHYSICAL THERAPY 845-342-5170 2d Business code (see instructions) 495 SCHUTT RD EXTENSION 621340 SUITE 9 MIDDLETOWN 10940 3a Plan administrator's name and address |X|Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a 5a Total number of participants at the beginning of the plan year..... 6 5b b Total number of participants at the end of the plan year 8 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) 2 d(1) Total number of active participants at the beginning of the plan year 5d(1) 6 5d(2) d(2) Total number of active perticipants at the end of the plan year...... 8 Number of participants that terminated employment during the plan year with accrued benefits that were less then 100% vested... 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, It is true, correct, and complete SIGN AARON LOEFFLER HERE Date 8/1/16 Signature of plan administrator Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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b	Are you claiming a waiver of under 29 CFR 2520.104-40 if you answered "No" to o	s during the plan year invested in eligible assets? (See instructions.)							_	es No		
C	If the plan is a defined bene	efit plan, is it covered under the PBGC in	surance p	program (see ERISA se	ection 4	021)? .		Yes	∐ No ∐	Not det	ermined	
Pa	rt III Financial Info	nnation										
7	Plan Assets and Liabilities			(a) Beginning	g of Ye	ar			(b) End	of Year		
а	Total plan assets		7a		2	9,94	4				28,73	1
b	Total plan liabilities		7b									_
C	Net plan assets (subtract li	ne 7b from line 7a)	7c		. 2	9,94	4				28,73	1
8	Income, Expenses, and Tra	ansfers for this Plan Year		(a) Amou	unt		\perp		(b)	Total		
a	Contributions received or re (1) Employers	eceivable from:	8a(1)								4	
			8a(2)					<u> </u>	<u> </u>			
	(3) Others (including rollov	ers)	8a(3)				_	<u>- 1 1 1.</u>	",1 141		<u> </u>	_
b	Other income (loss)		8b			1,21	3	11.1	<u> </u>			
		(1), 8a(2), 8a(3), and 8b)	8c		<u> </u>						-1,21	<u>3</u>
đ		ect rollovers and insurance premiums	8d				1					
		rective distributions (see Instructions)	8e				†					-
		clers (salaries, fees, commissions)	8f				+				: :	
	· ·		8g				1		1977	V 2		÷
		8d. 8e, 8f, and 8g)	8h	angle of the first of		N 1981	1				ļ	o
		Ime 8h from line 8c)	81								-1,21	<u>:</u> 3
i	 	(see instructions)	8i									
Par	t IV Plan Charact	A CONTRACTOR OF THE CONTRACTOR										
		n benefits, enter the applicable pension	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in	the instru	ctions:		-
***************************************	2E 2F 2G 2J 21											_
В	If the plan provides welfan	benefits, enter the applicable welfare for	aature coc	les from the List of Pla	n Chara	cterist	ic Cod	les in th	e instruc	tions:		
Par	t V Compliance Qu	estions										
10	During the plan year:					Yes	No	N/A		Amoun	ıt	
а	described in 29 CFR 251	smit to the plan any participant contribu 0.3-1027 (See instructions and DOL's V	'oluntary F	iduciary Correction	10a		х					
b		p: transactions with any party-in-interest			104			-				_
					10b		X					
C	Was the plan covered by	a fidelity bond?		*****************	10c	Х			ł		10,0	0
d		whether or not reimbursed by the plan's			10d		х					
e	Were any fees or commis carrier, insurance service.	sions paid to any brokers, agents, or other organization that provides some	er person e or all of	s by an insurance the benefits under	10e	х						9
f	Has the plan failed to prov	vide any benefit when due under the place	n?		10f		х					_
g		ticipant loans? (If "Yes," enter amount a					Х					_
— h		ount plan, was there a blackout period?			10g				<u> </u>			-
	2520.101-3.)	," check the box if you either provided th			10h		<u> </u>			14 1 W/V	<u> </u>	_
	exceptions to providing th	e notice applied under 29 CFR 2520.10	1-3		101			· ·			<u> </u>	
<u> </u>					10j	•		L	<u> </u>			_
Part												_
11	5500) and line 11a below)	an subject to minimum funding requirem				<u></u>			(Form	Ye	es 🗌 No)
11a	Enter the unpaid minimum	required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				

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

12

Yes X No

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	a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	funding standard for a prior year is being amortized in this plan year, see ins		nter the Day	date of t	he letter ru Year	ling
	omplete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		real	
b Enter the minimum require	d contribution for this plan year		12b			
	orl by the employer to the plan for this plan year		12c			
d Subtract the amount in line	a 12c from the amount in line 12b. Enter the result (enter a minus sign to the l	eft of a	12đ			
	amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗍	N/A
the state of the s	ons and Transfers of Assets					
13a Has a resolution to terminate	e 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			
	នៃributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
C If during this plan year, an	y assets or liabilities were transferred from this plan to another plan(s), identifyere transferred. (See instructions.)					
13c(1) Name of plan(s):		13c(2)	EIN(5)		13c(3) F	PN(8)
Part VIII Trust Informat	ion					
14a Name of trust			14b т	rust's ElN	I	
14c Name of trustee or custod	·	14d Trustee's or custodien's telephone number				
Part IX IRS Complian	ce Questions					
15a is the plan a 401(k) plan?.		,	Ye	Š	No	
15b if "Yes," how does the 4011 matching contributions (as	k) plan satisfy the nondiscrimination requirements for employee deferrals and epplicable) under sections 401(k)(3) and 401(m)(2)?	d employer	∐ ba ha	sign- sed safe rbor sthod	ADF test	YACP
testing method" for nonhigi	f, did the 401(k) plan perform ADP/ACP testing for the plan year using the "ci ily compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4	01(m)-	Yes		No	
	ne method used by the plan to satisfy the coverage requirements under section		Ra pe tes	rcentage	1 1	rage efit test
16b Does the plan satisfy the control this plan with any other plan	pverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by coming under the permissive aggregation rules?	bining	Yes	3	No	
	mended for all required tax law changes?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	3	No	∏N/A
for tax law changes and co		. Enter the s			```	structions
advisory letter, enter the da		umber				or
determination letter	-designed plan and received a favorable determination letter from the IRS, er		the plan	's lest fav	orable	
	U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) Suam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes		No	
19 Were in-service distribution	s made during the plan year?		Yes	;	No	
if "Yes," enter amount			19			
20 Were required minimum dis retired), as required under	tributions made to 5% owners who have attained age 70 ½ (regardless of wheetion 401(a)(9)?	ether or not	Yes	;	No	□ N/A