## 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

Pa	rt I   Annual Report	: Identification Information						
For	calendar plan year 2015 or fi	iscal plan year beginning 01/01/2	2015 and ending 12	2/31/2015				
<b>A</b> T	his return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan					
Вт	nis return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)					
F	Check box if filing under:	Form 5558 special extension (enter description)	automatic extension DFVC program					
Pa	rt II Basic Plan Info	ormation—enter all requested in	formation					
	Name of plan ASSOCIATES 401(K) & PRO	OFIT SHARING PLAN AND TRUS	Т	1b Three-digit plan numbe (PN) ▶ 1c Effective da	001			
					04/01/2007			
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LIFE ASSOCIATES LLC				2b Employer Identification Number (EIN) 20-5891027				
				2c Sponsor's telephone number 845-437-4035				
122 NOXON RD POUGHKEEPSIE, NY 12603				2d Business code (see instructions)  541600				
3a	Plan administrator's name a	nd address Same as Plan Spons	sor.	3b Administrato	or's EIN or's telephone number			
	name, EIN, and the plan nu	e plan sponsor has changed since imber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN				
a	Sponsor's name			4c PN	4			
5a	Total number of participants	at the beginning of the plan year		5a	1			
b	Total number of participants	at the end of the plan year		5b	1			
С	• • •		the plan year (defined benefit plans do not	5c	1			
d(	1) Total number of active pa	5d(1)						
d(2) Total number of active participants at the end of the plan year					1			
-	Number of participants that	terminated employment during the	e plan year with accrued benefits that were less	5e	0			
			n/report will be assessed unless reasonable cau					
	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							

belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/19/2016	MARY SALCH		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN HERE	Filed with authorized/valid electronic signature.	09/19/2016	SUSAN STEFFANCI		
	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 (inclu	per ) Preparer's telephone number			

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b	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 cann	an indepe and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA)  <b>Form</b>	5500.			X Ye	
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	1	Not dete	rmined
Par	t III   Financial Information		<u> </u>			1					
	Plan Assets and Liabilities		(a) Beginning					(b) E	nd of	Year	
	Fotal plan assets	. 7a		253	3363					311	138
	Fotal plan liabilities	. 7b		050	2002					244	120
	Net plan assets (subtract line 7b from line 7a)	. 7c	(2) A	253363				311138			
	ncome, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amou	ınt				(K	) Tot	tai	
	1) Employers	. 8a(1)		5	695						
(	2) Participants	. 8a(2)		24	1000						
(	3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	. 8b		28	8080						
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								57	775
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d									
е	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
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i								57	775
_ j ·	Transfers to (from) the plan (see instructions)	- 8j									
Par	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2J 2K 2E 2F 2T	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in t	the ins	truction	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare fr	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instr	uctio	ns:	
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A			Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest				V						
	reported on line 10a.)			10b		X					
c	Was the plan covered by a fidelity bond?			10c	X					1	0000000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	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			10e		X					
f	Has the plan failed to provide any benefit when due under the pla			10e		X					
-											
<u>g</u>				10g		X					
"	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CF 2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the			10i							
j	Did the plan trust incur unrelated business taxable income?	_ <del>_</del> _		10j							
Part	VI Pension Funding Compliance			•	•	•					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s X No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0	<u></u>		11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA	·	Ye	s X No

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	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	<b>a</b> 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>b</b> Enter the minimum required contribution for this plan year									
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	T				
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)		<b>13c(3)</b> F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d	4d Trustee's or custodian's				
140 Name of trustee of custodian					telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	Yes No				
15b	15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method			
15c	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	<b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				s	No			
17a Has the plan been timely amended for all required tax law changes?				Ye	S	No	N/A		
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instruction for tax law changes and codes).							tructions		
17c	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	17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination 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 been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?				No			
19	Were in-service distributions made during the plan year?			Ye	s	No			
	If "Yes," enter amount								
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?					No	N/A		