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.

2016

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X 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** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit KINGSTON PHYSICAL THERAPY & SPORTS REHAB PC 401K PROFIT SHARING PLAN & TRUST plan number 001 (PN) • 1c Effective date of plan 07/01/1988 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 14-1706861 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number KINGSTON PHYSICAL THERAPY & SPORTS REHAB, PC 845-246-8450 2d Business code (see instructions) 25 ESTATE ROAD 621340 SAUGERTIES, NY 12477 **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. 4c PN a Sponsor's name 5a 21 5a Total number of participants at the beginning of the plan year 5b 17 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 17 5c complete this item)..... 11 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 12 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... 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

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.

belief, it is t	true, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	02/14/2017	GERARD CUFFE				
	Signature of plan administrator	Date	Enter name of individu	dual signing as plan administrator			
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	dual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (include i	room or suite numbe	r)	Preparer's telephone number			

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	 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 If you answered "No" to either line 6a or line 6b, the plan cann								r re	s No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	Not de	termined
	rt III Financial Information						1		ш	
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a	Total plan assets	7a		081621			786076	54		
b	Total plan liabilities	7b		0			0			
	Net plan assets (subtract line 7b from line 7a)	7c	7	081621					786076	34
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour			otal				
а	Contributions received or receivable from:	- 411		22040						
-	(1) Employers	8a(1)		41914						
	(2) Participants	8a(2)		41914	_					
	(3) Others (including rollovers)	8a(3)		730881						
	Other income (loss)	8b			-				79483	15
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							70400	
	to provide benefits)	8d		15692						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
<u>h</u>	1 Total expenses (add lines 8d, 8e, 8f, and 8g)								1569)2
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	t income (loss) (subtract line 8h from line 8c)							77914	3
j	Transfers to (from) the plan (see instructions)	8j	8j							
Pai	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
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)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					600000
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 the plan? (See instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				_
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X					7130
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						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)					es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f		es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter t Day		of the lette Year _	r ruling
If	you co	ompleted 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 employer to the plan for this plan year		12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X N	0
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug		e 		Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2	2) EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d ["Prior ye test	ar" ADP
			Gur ADP	rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat perd test	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	•••••	. Ye	s	No	

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

2016

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	accordance with the mon	401101101101111111					
For calend		iscal plan year beginning 01/01/201	6	and ending 12/	31/2016				
Δ This re	turn/report is for:	X a single-employer plan			r) (Filers checking this box must attach a accordance with the form instructions.)				
71 111010	tan in open to ter.	a one-participant plan	a foreign plan	,,		,			
B This reti	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 n	nonths)				
C C neck	box if filing under:	Form 5553	automatic extension		DFVC program				
	D 1 C	special extension (enter descr							
Part II		ormation—enter all requested inf	ormation		1b Three-d				
1a Name of plan KINGSTON PHYSICAL THERAPY & SPORTS REHAB PC 401K PROFIT SHARING PLAN & TRUST						nber 001			
					1c Effective 07/01/1	e date of plan 988			
l√lailing	g address (include roo	oyer, if for a sir gle-employer plan) m, apt., suite no. and street, or P.O			, ,	er Identification Number 4-1706861			
		ce, country, and ZIP or foreign posta Y & SPORTS REHAB, PC	al code (it foreign, see instr	uctions)	2c Sponso	r's telephone number (845) 246-8450			
25 ESTATE ROAD					2d Busines 621340	s code (see instructions)			
SAUGERTIE	ES, NY 12477								
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spor	nsor.		3b Administrator's EIN				
					32 Advision de la latenta de latenta de la la				
					3c Administrator's telephone number				
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN				
	, Env, and the plan hu or's name	mber from the last return/report.			4c PN				
5a Total	number of participants	at the beginning of the plan year			5a	21			
	• •	at the end of the plan year			5b	17			
C Numb	er of participants with	account balances as of the end of t	he plan year (only defined	contribution plans	5c	17			
•	•	rticipants at the beginning of the pla			5d(1)	11			
		urticipants at the end of the plan yea			5d(2)	12			
than	100% vested	terminated employment during the	·····		5e	0			
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable ca	use is establis	hed.			
SB or Sche belief, it is t	alties of perjury and of edule MB completed a true, correct, and com	her penalties set forth in the instruction and signed by an enrolled actuary, a plete.	tions, I declare that I have so well as the electronic vers	examined this return/re sion of this return/repor	port, including, t, and to the be	if applicable, a Schedule est of my knowledge and			
SIGN	tel	34/2	2/4/1	GERARD CUFFE					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as	olan administrator			
SIGN HERE									
Signature of employer/plan sponsor Date Enter name of individed					employer or plan sponsor				
Proparers	name (including firm r	татте, п аррпсавте <i>)</i> апо address (m	dude room of suite numbe	')	Preparer's ter	lephone number			

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	Nere all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public	account	ant (IC	QPA)			X Yes No	
_	under 29 CFR 2520.104-46? (See instruct ons on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cans	not use Fo	orm 5500-SF and mus	st inste	ad use	Forn	1 5500		X Yes ∐ No	
	If the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a	nsurance p	orogram (see ERISA s	ection 4	.021)?		Yes	∐No	Not determined	
7	Plan Assets and Liabilities	Γ -	(a) Beginning	of Year	.			(b) End	of Year	
a	Fotal plan assets	7a	(u) Dogg	70816				(b) Eng	7860764	
b	Fotal plan liabilities	. 7b			0			0		
С	Net plan assets (subtract line 7b from line 7a)	. 7c		70816	21			7860764		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total		
а	Contributions received or receivable from: (1) Employers	. 8a(1)		2204	10					
	(2) Participants	. 8a(2)		41914						
	(3) Others (including rollovers)	. 8a(3)	0				+5 .			
b	Other income (loss)	. 8b	730881							
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							794835	
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. <u>8d</u>	15692					_		
e	Certain deemed and/or corrective distributions (see instructions)	8e	0							
f_	Administrative service providers (salaries, fees, commissions)	8f			0					
<u>g</u>	Other expenses	. 8g			0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						15692		
<u>.</u>	Net income (loss) (subtract line 8h from line 8c)	8i							779143	
	Transfers to (from) the plan (see instructions)	8j			0					
	t IV Plan Characteristics						_			
9a —	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b 	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	cteris	tic Cod	des in t	the instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
i a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	y party-in-interest? (Do not include transactions				Х				
c	Was the plan covered by a fidelity bond?			10c	X				600000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		Х				

Х

Х

Х

7130

Х

10e

10f

10g

10h

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.).....

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i If 10h was answered "Yes," check the box if you either provided the required notice or one of the

exceptions to providing the notice applied under 29 CFR 2520.101-3

Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and a 5500) and line 11a below)						Yes	No
11a	Ente	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		s a defined contribution plan subjec; to the minimum funding requirements of section 412 of the C A?					🛘	Yes X	No
	-	es," 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 in ng the waiver		ns, and	d enter t Day		e of the le Yea	-	
lf	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		,				
b	Enter	he minimum required contribution for this plan year			12b				
С	Enter	he amount contributed by the employer to the plan for this plan year			12c				
d	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)								
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						No	N/A	4
Part	VII.	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Ye	es X	No	
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					Yes	X No	
С	If, du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identional assets or liabilities were transferred. (See instructions.)							
	13c(1)	Name of plan(s):	,	13c(2)	EIN(s)	(3) PN(s	:)		
Dout		Turnet Information							
Part		Trust Information			446 -				
14a	Name	of trust			14b ⊺	rust's	EIN		
14c	Name	of trustee or custodian					s or custone one number		
Par	t:IX	IRS Compliance Questions						-	
		olan a 401(k) plan? If "No," skip b		Yes			No		
15b		id the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		safe h	ent year"	["Prior test	year" AD)P
16a		resting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit tes	t 🗍	N/A
16b		e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			☐ No		
17a	If the p	olan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS ter and the serial number	opinior	letter	or advis	sory let	tter, enter	the date	of
17b	If the letter	olan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the m	ost rec	ent deterr	mination	
18	Were	d Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sep		rom	Yes	[No No		
19	Was a	ny plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	. [No		