	rm 5500-SF	Short Form Annu		yee	OMB Nos. 1210-0110 1210-0089				
Inter	epartment of Labor	This form is required to be file Income Security Act of 1974		4065 of the Employee Ret		2017			
Employee B	enefits Security Administration enefit Guaranty Corporation	-	Revenue Code (the Co	de).		This Form is Open to Public Inspection			
		Complete all entries in a	accordance with the ins	structions to the Form 550	00-SF.				
For calend		Identification Information scal plan year beginning 01/01/2	017	and ending 12/	31/2017				
	turn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer) (F employer information in acc	ilers check	-			
		a one-participant plan	a foreign plan			,			
B This ret	urn/report is	the first return/report	the final return/repor	t					
		an amended return/report	a short plan year ret	urn/report (less than 12 mo	nths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descr	iption)						
Part II	Basic Plan Info	rmation—enter all requested inf	ormation						
1a Name	•	PY DEFINED BENEFIT PENSION			1b Three plan	e-digit number			
0000310	CR FITISICAL THERA	FT DEFINED BENEFIT FENSION			(PN)				
			1c Effect	tive date of plan 01/01/2010					
Mailing	ponsor's name (employ g address (include roon r town, state or province		2b Empl (EIN)	oyer Identification Number 20-3678810					
	CK PHYSICAL THERAI				2c Sponsor's telephone number 845-679-2727				
					2d Busir	ness code (see instructions)			
PO BOX 123 WOODSTO	35 CK, NY 12498-8235				621340				
3a Plan a	administrator's name an	d address \overline{X} Same as Plan Spor	nsor.		3b Administrator's EIN				
					3c Admi	nistrator's telephone number			
					4				
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN				
a Spons C Plan N	sor's name Name				4d PN				
5a Total	number of participants	at the beginning of the plan year			5a	8			
-		at the end of the plan year			5b	0			
C Numb	per of participants with a	account balances as of the end of	the plan year (only define	ed contribution plans	5c				
d(1) Tot	al number of active par	ticipants at the beginning of the pla	an year		5d(1)	7			
d(2) Tot	tal number of active par	rticipants at the end of the plan yea	ar		5d(2)	0			
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 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 applications									
SB or Sche		nd signed by an enrolled actuary, a							
SIGN Filed with authorized/valid electronic signature. 09/22/2018 ELLEN R. KRAMER									
					individual signing as plan administrator				
SIGN	Filed with authorized/	valid electronic signature.	09/22/2018	ELLEN R. KRAMER					
HERE	Signature of employ	yer/plan sponsor e, see the Instructions for Form 5500	Date	Enter name of individua	al signing a	as employer or plan sponsor			
For Paperw		e, see the instructions for Form 5500	ror.			Form 5500-SF (2017) v.170203			

-	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							X Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,					X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann							-	
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not deter	nined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	premium filing for this p	lan yea	r			. (See instruct	ions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Boginning	of Voar			(b) End	of Voor	
<u>'</u>	Total plan assets	7a	(a) Beginning	61397			(b) Enu	0 100	
-	 Total plan liabilities							0	
								0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ht			(b) 1	otal	
а	(1) Employers 8a(1) 0								
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b		22530					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						22530	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4	80427					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		3500					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						483927	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-461397	
i	Transfers to (from) the plan (see instructions)	8j							
, Do		oj							
9a	rt IVPlan CharacteristicsIf the plan provides pension benefits, enter the applicable pension	footuro or	doo from the List of D	on Cha	rootori	otio Co	doo in the inet	ructions	
	1D 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Pla	n Chara	cterist	ic Cod	les in the instr	uctions:	
Par	rt V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution	itions withi	in the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction								
h	Program) Were there any nonexempt transactions with any party-in-interest			10a		Х			
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
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.) 10e 								
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			

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 2520.101-3.)

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.....

i

10f

10<u>g</u>

10h

10i

Х

r

Г

Page 3- 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc rm 5500) and line 11a below)	hedule	e SB		×	Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a	1				0
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or secti SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	? of			Yes	X No
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and the waiver.		er th Day	e date of	the lette Year		ng
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Ente	r the minimum required contribution for this plan year	12	5				
С	Ente	r the amount contributed by the employer to the plan for this plan year	. 120	•				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	120	ł		-		
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	1	N/A
Part '	VII	Plan Terminations and Transfers of Assets						
13a	Has	s a resolution to terminate the plan been adopted in any plan year?			X Yes	1	١o	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	. 13a	l				0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th trol of the PBGC?	e		X	Yes	No)
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(ch assets or liabilities were transferred. (See instructions.)	s) to					
1	3c(1) Name of plan(s): 13c(2	2) EIN(s)		13c(3) PN	l(s)

	801		Qingle Fr						OMB N	lo. 1210-0110
		IEDULE SB orm 5500)	Single-En		al Inform				-	
	•	tment of the Treasury		Actuari		ιατιστι			2	2017
	Inter	nal Revenue Service	This schedule is real	quired to b	e filed under se	ection 104	4 of the Employe	e		
		partment of Labor nefits Security Administration	Retirement Income		ct of 1974 (ERI venue Code (th		section 6059 of 1	the		is Open to Public spection
	Pension Be	nefit Guaranty Corporation			ment to Form	,	5500-SF		1112	spection
Fo	r calendar	olan year 2017 or fiscal p		1/01/2017			and ending	g 12/3	1/2017	
		amounts to nearest de								
-			e assessed for late filing of	f this repor	rt unless reasor	nable caus	L_			
	Name of play		PY DEFINED BENEFIT PE	ENSION PL	LAN		B Three-dig	,		003
							plan num)	000
	•	or's name as shown on I OCK PHYSICAL THERA	ine 2a of Form 5500 or 550 PY	00-SF			D Employer	Identifica 20-367	ation Number (E '8810	EIN)
E	Type of plar	i: 🗙 Single 🗌 Multipl	le-A 🗌 Multiple-B		F Prior year pla	an size:	100 or fewer	× 101-	500 D More th	nan 500
		Basic Information			i i nor your pic			<u> </u>		
г 1		e valuation date:	Month 01 D	Day01	Year 20)17				
2	Assets:	valuation date.		Jay <u></u>						
	a Marke	value						2a		459816
	b Actuar	ial value						2b		459816
3	Funding	target/participant count l	oreakdown			· · ·	Number of rticipants	. ,	sted Funding Target	(3) Total Funding
	a For ret	ired participants and ber	neficiaries receiving payme	ent						Target 0
	_		ants			-	1		0	0
							7		398137	398137
							8		398137	398137
4			ck the box and complete lir				1			
	a Fundir	ng target disregarding pro	escribed at-risk assumption	าร			_	4a		
			assumptions, but disregar e consecutive years and dis					4b		
5	Effective	interest rate						5		5.18%
6	Target n	ormal cost						6		0
	To the best of accordance w combination, c		upplied in this schedule and accomplete and accomplete and accomplete accompl							
	SIGN HERE								09/26/201	8
			Signature of actuary						Date	
Т	HEODORE	ANDERSEN, M.A.A.A.	, MSPA						17-02034	4
		51	e or print name of actuary					Most ı	ecent enrollme	
F	PENSION A	SSOCIATES					- <u> </u>		203-356-03	
S	011 W MA TE 230 TAMFORE	N ST 9, CT 06902-4542	Firm name				le	lephone	number (includ	ing area code)
			Address of the firm				-			
	e actuary ha	as not fully reflected any	regulation or ruling promul	lgated unde	er the statute ir	n completi	ng this schedule	e, check	the box and see	e
Fo	r Paperwo	k Reduction Act Notic	e, see the Instructions for	r Form 550	00 or 5500-SF.				Schedule S	B (Form 5500) 2017 v. 170203

P	art II Beginning of Year Carryover and Prefunding Balances													
_								(a) C	arryover baland	e	(b)	Prefundi	ng balai	nce
7		0	0 1 2		able adjustments (line 13 fro	•				0				0
8			•	•	nding requirement (line 35 fi	•				0				0
9	Amount	remaining	g (line 7 minus line	8)						0				0
10	Interest of	on line 9 (using prior year's	actual retu	rn of <u>8.45</u> %					0				0
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:									
	a Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)								3	653
					a over line 38b from prior year e interest rate of <u>6.05</u> 4		-							221
	b(2) Int	erest on l	ine 38b from prior	year Sche	edule SB, using prior year's	actual	-							
					ar to add to prefunding balanc	·····	·							0
			0 0									3	874	
	d Portio	n of (c) to	be added to prefu	unding bal	ance		•							0
12	Other ree	ductions i	n balances due to	elections	or deemed elections		0							0
13	Balance	at beginr	ing of current yea	r (line 9 +	line 10 + line 11d – line 12)									0
F	Part III Funding Percentage													
14	4 Funding target attainment percentage						14	11	5.49%					
15	5 Adjusted funding target attainment			percentage	Э							15	11	<mark>5.49%</mark>
16												16	ç	8.53%
17	If the cur	rent valu	e of the assets of	the plan is	less than 70 percent of the	funding tar	get,	enter suc	ch percentage			. 17		%
P	art IV	Con	tributions and	d Liquid	lity Shortfalls									
18					ar by employer(s) and employer	-								
(1	(a) Date MM-DD-Y		(b) Amount pa employer		(c) Amount paid by employees	(a) (MM-D	Date D-Y		(b) Amount paid by employer(s) (c) Amount paid employees					by
		,		. ,		,		/						
						Totals 🕨	•	18(b)			0 18(c)			0
19	Discount	ed emplo	over contributions	- see instr	ructions for small plan with a	valuation of	late	after the	beginning of the	e year:				
	a Contri	butions a	llocated toward ur	paid minir	num required contributions f	from prior y	ears			19a				0
b Contributions made to avoid restrictions adjusted to valuation date								0						
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date								0						
20 Quarterly contributions and liquidity shortfalls:														
	a Did th	e plan ha	ve a "funding sho	tfall" for th	e prior year?							X	Yes	No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?				X	Yes	No								
	C If line	20a is "Y	es," see instruction	ns and cor	nplete the following table as	applicable								
		(4)			Liquidity shortfall as of en	d of quarter	r of t					(4)		
		(1) 1s ⁻	t0		(2) 2nd			(3)	3rd 0			(4) 4th	<u>ו</u> 0	
			U		U	1			U				0	

Page 3

P	art V	Assumpti	ons Used to Determin	d Targ	et Normal Cost								
21	Discount	rate:											
	a Segm	ent rates:	1st segment: 4.16%	2nd segment: 5.72%		3rd segment: 6.48 %			N/A, fu	l yield (curve	used	
	b Applic	able month (en	nter code)				21b)		0			
22	Weighted	d average retire	ement age				22			68			
23	Mortality	table(s) (see i	instructions)	scribed - combined	Presc	ribed - separate	Subs	titute					
Pa	art VI	Miscellane	ous Items										
24		-	de in the non-prescribed actu			-					Yes	X No	
25	Has a me	ethod change b	been made for the current pla	in year? If "Yes," see instrue	ctions re	garding required attach	nment				Yes	X No	
26	Is the pla	in required to p	provide a Schedule of Active I	Participants? If "Yes," see ir	nstructio	ns regarding required a	attachm	ent			Yes	X No	
27	•	•	alternative funding rules, ente		nstructio	ons regarding	27						
Pa	Part VII Reconciliation of Unpaid Minimum Required Contributions For P												
28	Unpaid n	ninimum requir	ed contributions for all prior y	ears			28					0	
29			ontributions allocated toward				29					0	
30	Remainir	ng amount of u	inpaid minimum required cont	tributions (line 28 minus line	29)		30					0	
Pa	art VIII	Minimum	Required Contribution	n For Current Year									
31	Target n	ormal cost and	d excess assets (see instruction	ons):									
	a Target	normal cost (lir	ne 6)				31a	l				0	
	b Excess	s assets, if app	licable, but not greater than li	ne 31a			31b		0				
32	Amortiza	tion installmen	its:			Outstanding Bala	nce		Ir	stallme	ent		
	a Net sh	ortfall amortiza	tion installment				0					0	
	b Waive	r amortization i	installment				0					0	
33			proved for this plan year, entransis ay Year				33						
34	Total fun	ding requireme	ent before reflecting carryove	r/prefunding balances (lines	31a - 3′	1b + 32a + 32b - 33)	34		0				
				Carryover balance		Prefunding balar	nce		То	al bala	nce		
35			e to offset funding		0		0					0	
36	Additiona	al cash require	ment (line 34 minus line 35)				36					0	
37			toward minimum required co	-	•	,	37					0	
38	Present	value of excess	s contributions for current yea	ar (see instructions)									
	a Total (e	excess, if any,	of line 37 over line 36)				38a	l				0	
	b Portion	n included in lin	ne 38a attributable to use of p	refunding and funding stand	lard carı	yover balances	38b)				0	
39	Unpaid n	ninimum requir	ed contribution for current ye	ar (excess, if any, of line 36	over lin	e 37)	39					0	
40	Unpaid n	ninimum requir	ed contributions for all years.				40					0	
Pa	rt IX	Pension	Funding Relief Under	Pension Relief Act of	f 2010	(See Instructions	5)						
41	If an elec	tion was made	to use PRA 2010 funding rel	ief for this plan:									
	a Schedu	ule elected						. 2	plus 7 yea	rs	15 y	/ears	
	b Eligible	e plan year(s) f	or which the election in line 4	1a was made			[]	2008	2009	2010		2011	
42	Amount o	of acceleration	adjustment				42						
43	Excess in	stallment acce	eleration amount to be carried	l over to future plan years			43						

	Form 5500-SF	Short Form Annua	Short Form Annual Return/Report of Small Employe Benefit Plan					
	Department of the Treasury Internal Revenue Service	This form is required to be	e filed under sections 104 a	nd 4065 of the Employee	2	2017		
	Department of Labor loyee Benefits Security Administration		Act of 1974 (ERISA), and set Internal Revenue Code (the	ection 6057(b) and 6058(a) of Code).		is Open to Public spection		
	ension Benefit Guaranty Corporation	Complete all entries in ac		ctions to the Form 5500-SF.				
		Identification Information	01/01/2017	and ending 12	2/31/2017			
For c	calendar plan year 2017 or fis	-	-					
	This return/report is for:	a single-employer plan a one-participant plan the first return/report		an (not multiemployer) (Filers (mployer information in accorda				
	nia returni oportia.	an amended return/report	9 .	n/report (less than 12 months)				
c c	Check box if filing under:	X Form 5558	automatic extension	[DFVC progra	m		
-		special extension (enter desc						
_		ormation enter all requested	information	16	Three diait			
ia	Name of plan Woodstock Physical	Therapy Defined Benefi	t Pension Plan	15	Three-digit plan number (PN) ►	003		
			1c	Effective date o 01/01/2010	f plan			
2a	Mailing Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	268	2b Employer Identification Number (EIN) 20-3678810				
	Woodstock Physical	ce, country, and ZIP or foreign pos Therapy	lai code (il loreign, see inst		Sponsor's telep (845) 679-			
	PO Box 1235			2d	Business code 621340	(see instructions)		
	US Woodstock NY 12498-8							
3a	Plan administrator's name a	and address X Same as Plan Sp	onsor	3b	Administrator's	EIN		
				30	3c Administrator's telephone number			
4		e plan sponsor or the plan name h			EIN			
	this plan, enter the plan spo Sponsor's name Plan Name	nsor's name, EIN, the plan name a	nd the plan number from th	e last return/report. 4d	PN			
52	Total number of participants	s at the beginning of the plan year				8		
	and the second	s at the end of the plan year				0		
	Number of participants with	account balances as of the end of	the plan year (only defined	contribution plans	;			
d(1		rticipants at the beginning of the pl			(1)	7		
	2) Total number of active pa			0				
е		terminated employment during the			e	0		
Ca	ution: A penalty for the late	e or incomplete filing of this retu	rn/report will be assessed	unless reasonable cause is	established.			
SB	der penalties of perjury and o or Schedule MB completed ief, it is true, correct, and cor	other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	actions, I declare that I have as well as the electronic ve	examined this return/report, in rision of this return/report, and	cluding, if applic to the best of my	cable, a Schedule knowledge and		
SI	IGN SULAC A	Maniel.	9/22/18	Ellen R. Kramer				
H	ERE Signature of plan ad	ministrator	Date	Enter name of individual sign	ing as plan adm	inistrator		

	orginatare of prair autimigoratory	Date	Enter name of individual signing as plan autimotiator
SIGN	FILM R Martes		Ellen R. Kramer
	Signature of employer/plan sponsor	Date 1/22/1X	Enter name of individual signing as employer or plan sponsor

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

_		
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	XYes No
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.	XYes No
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
Ū		(See instructions.)

Ρ	art III	Financial Information			
7	Plan As	sets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total pl	an assets	7a	461,397	0
b	Total pl	an liabilities	7b		0
С	Net pla	n assets (subtract line 7b from line 7a)	7c	461,397	0
8	Income	, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а		utions received or receivable from: ployers	8a(1)	0	
	(2) Pai	ticipants	8a(2)	0	
	(3) Oth	ers (including rollovers)	8a(3)	0	
b	Other in	ncome (loss)	8b	22,530	
С	Total in	come (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		22,530
d		s paid (including direct rollovers and insurance premiums de benefits)	8d	480,427	
е	Certain	deemed and/or corrective distributions (see instructions)	8e	0	
f	Adminis	strative service providers (salaries, fees, commissions)	8f	3,500	
g	Other e	xpenses	8g	0	
h	Total ex	penses (add lines 8d, 8e, 8f, and 8g)	8h		483,927
i	Net inc	ome (loss) (subtract line 8h from line 8c)	8i		(461,397)
j	Transfe	rs to (from) the plan (see instructions)	8j		
		Dian Okanastanistias			

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

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 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? (Do not include transactions reported on line 10a.)	10b		x		
С	Was the plan covered by a fidelity bond?	10c		x		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused 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 plan?	10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
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	10i				

Page **3 -**

Part	t VI	Pension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and o 5500 and line 11a below)				x	Yes		No
11a	Enter t	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	*******	11a					0
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the C ? 			of		Yes	x	No
а	If a wai grantin	ver of the minimum funding standard for a prior year is being amortized in this plan year, see ins g the waiver	onth	nd enter Da		of the Ye		uling	_
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line $ m 1$	13.						
b	Enter t	he minimum required contribution for this plan year.	•••••	12b					
С	Enter t	he amount contributed by the employer to the plan for the 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 re amount)	left of a	12d					
е	Will the	e minimum funding amount reported on line 12d be met by the funding deadline?	•••••		Yes 🗌	No		N/A	
Part	t VII	Plan Terminations and Transfers of Assets							
13a	I Has a I	resolution to terminate the plan been adopted in any plan year?	•••••	ž	Yes		No		
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year	•••••	13a					0
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	0		x	/es		No	
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident assets or liabilities were transferred. (See instructions.)	ify the plan(s	s) to					
1	3c(1) Na	ame of plan(s):	13c(2) El	IN(s)		13	c(3) P	N(s)	

SCHEDULE SB	Single-Employer	Defined Ben	nefit Plan		OMB	No. 1210-0110	
(Form 5500)		I Information				2017	
Department of the Treasury Internal Revenue Service			<i></i>			2011	
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		of 1974 (ERISA) and so nue Code (the Code).	ection 6059 of the	Th	This Form is Open to Public Inspection		
For calendar plan year 2017 or fiscal	File as an attachmo plan year beginning 01/01	the second	5500-SF. and ending	12/31/	2017		
Round off amounts to nearest d		/2017	and ending	12/31/	2017		
	be assessed for late filing of this report	unless reasonable car	use is established				
A Name of plan			B Three-digit		-		
Woodstock Physical Therap	y Defined Benefit Pension	Plan	plan numbe	er (PN)		003	
			D Farada da				
C Plan sponsor's name as shown on			D Employer Ide			EIN)	
Woodstock Physical Therap	Y		20	-3678810			
E Type of plan: X Single Multip	le-A Multiple-B	Prior year plan size:	100 or fewer	1101-500 F		than 500	
				1101 000 L			
Part I Basic Information							
Enter the valuation date: Assets:	Month 01 Day 01	Year2017					
			Г	2a		459,816	
				2b		459,816	
3 Funding target/participant count		(1) Number of	(2) Vested	Funding	T	(3) Total Funding	
	breakdown.	participants	Targ			Target	
		0			0	0	
	neficiaries receiving payment	1			0	0	
	ants	7		398,13		398,137	
		8		398,13		and the second	
	eck the box and complete lines (a) and	<u> </u>	[- 598,15	<u>'</u>]	398,137	
	escribed at-risk assumptions	(c) (c)		4a			
	k assumptions, but disregarding transit		F				
	five consecutive years and disregarding			4b			
5 Effective interest rate				5		5.18 %	
6 Target normal cost				6		0	
	oplied in this schedule and accompanying schedule In my opinion, each other assumption is reasonable d experience under the plan.						
SIGN HERE	The O			09/:	26/201	.8	
	Signature of actuary				Date		
Theodore Anders	sen, M.A.A.A., MSPA			17-0	02034		
Туре	or print name of actuary			Most recent	enrollme	ent number	
Pension Associa	ites			(203)	356-03	306	
	Firm name		Tele	phone num	ber (inclu	uding area code)	
2011 W Main St							
Ste 230 US Stamford	CT 06902-4542						
	Address of the firm						
If the actuary has not fully reflected an	regulation or ruling promulaated under	er the statute in comple	eting this schedule	e, check the	box and	see 🗖	
instructions	, , , , , , , , , , , , , , , , , , ,						

For Paperwork Reduction Act Notice, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2017 v. 170203

Page	2	

Pa	rt II	Beginning of Year	Carryov	er and Prefunding Bal	ances						
			-	_		(a)	Carryover balance		(b)	Prefund	ing balance
7				cable adjustments (line 13 fro				0			С
8				unding requirement (line 35 fr							
				••••••				0			C
9				••••••				0			C
10				urn of <u>8.45</u> %	••••			0			C
11	-	ear's excess contributions									
		sent value of excess contr	``	1 5 7	•••••						3,653
	• •		•	Ba over line 38b from prior year ve interest rate of6.05							221
	b(2) Ir	nterest on line 38b from p	ior year Scl	nedule SB, using prior year's a	actual						
	re	eturn	••••••	••••••••••••••••••••••••••••	•••••						C
	C Tota	I available at beginning of	current pla	n year to add to prefunding ba	alance .						3,874
	d Port	ion of (c) to be added to p	refunding b	alance	•••••						C
12	Other re	eductions in balances due	to election	s or deemed elections	•••••			0			C
13	Balance	e at beginning of current y	ear (line 9 -	+ line 10 + line 11d - line 12) .	•••••			0			C
Pa	art III	Funding Percent	ages								
14	Funding	g target attainment percer	itage	••••••		•••••	•••••	•••••	•••••	14	115.49 %
15	Adjuste	d funding target attainme	nt percenta	ge		• • • • • • • • • • • •	•••••	•••••	•••••	15	115.49 %
16				of determining whether carry						16	98.53 %
17				s less than 70 percent of the					••••••	17	90.55 %
	art IV	Contributions ar		•	i anang ta	.get, enter	ouon porcontago				
			•	ear by employer(s) and employer	000005						
	(a) Date M-DD-Y	e (b) Amount p	aid by	(c) Amount paid by employees	(a) Date D-YYYY)	(b) Amount employe		y		ount paid by loyees
						10(1)			10(1)		
					Totals	()			0 18(c)	0
19				tructions for small plan with a			- -	-	1		
	_			imum required contributions f			F	19a			C
				djusted to valuation date			Γ	19b			C
- 20				equired contribution for currer	nt year ad	justed to va	Iuation date	19c			C
20		ly contributions and liquid								5	
				the prior year?				•••••	•••••		Yes No
	C If line	e 20a is "Yes," see instruc	tions and co	omplete the following table as	applicabl	e:					
				Liquidity shortfall as of end			n year				
		(1) 1st		(2) 2nd		(3)	3rd			(4) 41	h

Page 3

Pa	nrt V	Assumptio	ons Used To Determine	Funding Target and Targ	et Normal Cost			
21	Disco	ount rate:						
	a Se	egment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %		N/A, full yield curve used	
	b Ar	oplicable month				21b	0	
22				•••••		22	68	
		ality table(s) (see			scribed - separate	Substitu		
			·					
_	rt VI	Miscellane						
24		-		uarial assumptions for the current				
25								
		-		an year? If "Yes," see instructions				
			•	Participants? If "Yes," see instruct		attachment		
27			•	er applicable code and see instruc		27		
De				· · · · · · · · · · · · · · · · · · ·				
	rt VII		•	Im Required Contribution		00		
28				years		28	0	
29				unpaid minimum required contrib		29	0	
30				tributions (line 28 minus line 29)		30	0	
			Required Contribution					
31			nd excess assets (see instructi					
51				•••••		31a	0	
		-				31b	<u>0</u>	
32	b Excess assets, if applicable, but not greater than line 31a 31b 32 Amortization installments: Outstanding Balance							
						0	0	
						0	0	
				ter the date of the ruling letter grar	ting the approval			
55) and the waived amount .		33		
34	Total			/prefunding balances (lines 31a - 3		34	0	
•	Total			Carryover balance	Prefunding Bala		Total balance	
25	Dala							
35			use to offset funding	0		0	0	
36				••••		36	0	
37				ontribution for current year adjuste				
-	(line		•	•••••		37	0	
38	Prese	ent value of exce	ess contributions for current ye	ar (see instructions)				
	a Tot	tal (excess, if an	y, of line 37 over line 36) • • •	• • • • • • • • • • • • • • • •		38a	0	
	b Poi	rtion included in	line 38a attributable to use of p	prefunding and funding standard c	arryover balances	38b	0	
39	Unpa	id minimum req	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39	0	
40	Unpa	id minimum req	uired contributions for all years			40	0	
Par	't IX	Pension	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)		
41	lf an e	lection was mad	de to use PRA 2010 funding rel	ief for this plan:				
	a Sch	hedule elected .	•••••••••••••••••••••••••••••••••••••••	•••••	• • • • • • • • • • • •	••••	2 plus 7 years 🔲 15 years	
	b Eliç	gible plan year(s	s) for which the election in line	11a was made		. 🗌 200	08 2009 2010 2011	
42	Amou	nt of acceleratio	n adjustment	•••••		42		
43	Exces	s installment ac	celeration amount to be carried	l over to future plan years •••		43		

Schedule SB, Part V **Summary of Plan Provisions**

Woodstock Physical Therapy Defined Benefit Pension Plan 20-3678810 / 003

For the plan year 01/01/2017 through 12/31/2017

Employer:	Woodstock Physcial Therapy
Type of Entity -	
	EIN: 20-3678810 TIN: Plan #: 003 Plan Type: Defined Benefit
Dates:	Effective - 01/01/2010 Year end - 12/31/2017 Valuation - 01/01/2017
	Top Heavy Years - 2012, 2013, 2014, 2015, 2016, 2017
<u>Eligibility:</u>	All employees excluding non-resident aliens, members of an excluded class and union
	Minimum age - 21 Months of service - 12
Hours Required for -	Eligibility - 1000 Benefit accrual - 500 Vesting - 1000
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction
Retirement: Normal -	Attainment of age 65 and completion of 5 years of participation
Early -	Not provided
Average Compensation:	Highest 3 consecutive years of service
Top Heavy Minimum Benefit -	Highest 5 consecutive top heavy years of participation
Plan Benefits: Retirement -	Frozen benefit formula
Accrued Benefit -	Frozen accrued benefit as of 01/01/2017
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum
Early Retirement -	None
Death Benefit -	Face Amount minus Cash Value plus Present Value of Accrued Benefit
Disability Benefit -	
Top Heavy Minimum:	Provided in another plan
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$215,000
	Maximum 401(a)(17) compensation - \$270,000
Normal Form:	Life Annuity
Optional Forms:	Lump Sum Life Annuity Guaranteed for 10 Years Joint with 50%, 75% or 100% Survivor Benefit
Vesting Schedule:	Years Percent 0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

Schedule SB, Part V **Summary of Plan Provisions**

Woodstock Physical Therapy Defined Benefit Pension Plan 20-3678810 / 003

For the plan year 01/01/2017 through 12/31/2017

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

<u>417(e):</u>

Interest Rates -	Segment #	Years	Rate %
	Segment 1	0 - 5	2.04
	Segment 2	6 - 20	4.03
	Segment 3	> 20	4.82

Mortality Table - 17E - 2017 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	17E - 2017 Applicable Mortality Table for 417(e) (unisex)

Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

Woodstock Physical Therapy Defined Benefit Pension Plan 20-3678810 / 003

For the plan year 01/01/2017 through 12/31/2017

Valuation Date:	01/01/2017							
Funding Method:	As prescribed in IR	C Section 43	0					
Age	 Eligibility age at last 	t birthday and	d other ages	at last birthday				
	New participants are			's valuation				
Prospective Compensation	•	•						
Form of Payment	- Assumed form of pa	ayment for fu	nding is Life	Annuity				
Interest Rates		Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C) Segment rates as of September 30, 2016 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA						
	Segment #	Year	Rate %	Segment #	Year	Rate %		
	Segment 1	0 - 5	1.57	Segment 1	0 - 5	4.16		
	Segment 2	6 - 20	3.77	Segment 2	6 - 20	5.72		
	Segment 3	> 20	4.73	Segment 3	> 20	6.48		
Pre-Retirement -	Mortality Table -	None						
	Early Retirement Ta Turnover Table -	None						
	Disability Table -	None						
	Salary Scale -	None						
	Expense Load -	None						
	Ancillary Ben Load	- None						
Post-Retirement -	Mortality Table -	17C - 2	2017 Combir	ned				
	Cost of Living -	None						
Asset Valuation Method:	Fair market value of	f assets adju	sted for cont	ributions under IRC	C 430(g)(4)			
Discrimination Test Assumption	<u>15:</u>							
HCE Determination -	Based on all employ	yees						
Otherwise Excludable -	Otherwise Excludat	ole HCEs are	included wit	h the Not Otherwis	e Excludable	employees		
410(b)/401(a)(4) Testing:								
Pre-Retirement -	Interest -	8.5%						
Post-Retirement -	Interest -	8.5%						
	Mortality Table -	U84 - 1984	Unisex					
Permissively Aggregated Plans -	Tested as a Single	Plan						
Compensation -	Use current comper	nsation to cal	culate the be	enefit accrual rate (annual metho	od)		
Testing Age -	Normal retirement a	age or attaine	ed age, if olde	er				
Testing Service -	Separate benefiting	service for E	DC and for D	B for Accrued-to-D	ate Method			
Normal Form for MVAR -	Joint with 50% Surv	vivor Benefits						
401(a)(26) Testing:								
	Use current comper	nsation to cal	culate the be	enefit accrual rate f	or 401(a)(26)			
Testina Aae -	Normal retirement a	age or attaine	d age, if old	er				

Testing Age - Normal retirement age or attained age, if older

Schedule SB, line 22 -Description of Weighted Average Retirement Age

Woodstock Physical Therapy Defined Benefit Pension Plan

20-3678810 / 003

For the plan year 01/01/2017 through 12/31/2017

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.