## 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 section 6058(a) of the Internal Revenue Code (the Code).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.	1,000			
		dentification Information							
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/20	09	and ending 1	2/31/2	2009			
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	first return/report	final retur	n/report		_			
		an amended return/report	short plar	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program			
	<b>9</b>	special extension (enter descript	ion)						
Da	rt II Basic Plan Infor	mation—enter all requested inforr							
		mation—enter all requested inform	nation		1h	Three-digit			
	1a Name of plan PHYSICAL THERAPY ASSOCIATES OF GREAT NECK PC PROFIT SHARING PLAN					plan number			
	NONE THERM T MODOUNTE	o or order recent or norm of	174411012			(PN) • 001			
					1c	Effective date of plan			
						01/01/1998			
	•	ress (employer, if for single-employe	r plan)		2b	Employer Identification Number			
PHYS	SICAL THERAPY ASSOCIATE	S OF GREAT NECK, P.C.			_	(EIN) 11-2760114			
000 1	IODTHEDN BOHLEVARD				2c	Plan sponsor's telephone number			
	IORTHERN BOULEVARD AT NECK, NY 11021				2d	Business code (see instructions)			
						621399			
		address (if same as Plan sponsor,			3b	Administrator's EIN			
PHYS	SICAL THERAPY ASSOCIATE	S OF GREA 800 NORTH GREAT NE				11-2760114			
		GREATINE	OK, IVI TIO	21	3c	Administrator's telephone number			
4 1	the name and/or FIN of the ni	an sponsor has changed since the la	et return/re	port filed for this plan, enter the	4h FINI				
		er from the last return/report. Spons		port med for this plan, enter the	4b EIN				
	·				4c PN				
5a	Total number of participants a		5a	7					
b	Total number of participants a	t the end of the plan year			5b	5			
С	Total number of participants w	rith account balances as of the end	of the plan y	ear (defined benefit plans do not					
	complete this item)		······		5c	7			
6a	Were all of the plan's assets of	during the plan year invested in eligi	ble assets?	(See instructions.)		X Yes No			
b				ndent qualified public accountant (IQI		X Yes ☐ No			
				ons.)SF and must instead use Form 55		res [] No			
Pa	rt III Financial Inform		01111 3300-	or and must mistead use i orm 55					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
-	Total plan assets		7a	(a) beginning of Tear 270757	,	330070			
b	. o.a. p.a accost			270707		300070			
C	•	s			,	330070			
		·	7с	270757					
8	Income, Expenses, and Trans Contributions received or rece			(a) Amount		(b) Total			
а			8a(1)						
	• • • •		` ` `						
	• •	3)							
b	` ` ` ` ` •	,	, ,	59313					
C	` ,	8a(2), 8a(3), and 8b)				59313			
d		rollovers and insurance premiums				33010			
-	1 \		8d						
е	Certain deemed and/or correct	tive distributions (see instructions)	8e						
f	Administrative service provide	rs (salaries, fees, commissions)	8f						
g	Other expenses		8g						
h	Total expenses (add lines 8d,	8e, 8f, and 8g)							
i		e 8h from line 8c)				59313			
i		ee instructions)							

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Characi	reristics

SIGN HERE

Signature of employer/plan sponsor

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

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

	· · · · · · · · · · · · · · · · · · ·							
art	V Compliance Questions							
0	During the plan year:		Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contributions within the time per		X					
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Progra							
D		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)						
С	Was the plan covered by a fidelity bond?		Χ					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was c or dishonesty?	-		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insural insurance service or other organization that provides some or all of the benefits under the instructions.)	plan? (See		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 2520.101-3.)	O CFR		Χ				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3	e of the		X				
art	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see inst					П	Yes	П No
2	Is this a defined contribution plan subject to the minimum funding requirements of section					П	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					ш		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan							
	granting the waiver.			Day .		Year		
-	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	-		12b				
	Enter the minimum required contribution for this plan year	⊢	12c					
	Enter the amount contributed by the employer to the plan for this plan year			120				
u		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	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	N	0	N/A	
art	VII Plan Terminations and Transfers of Assets							
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year	r?	<u>-</u>				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 of the PBGC?						Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)	plan(s), identify the plan	n(s) to					
1	I3c(1) Name of plan(s):	<b>13c(2)</b> EIN(s)				3c(3)	PN(s)	
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed u	ınless reasonable cau	se is	establ	ished.			
Jnde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have er Schedule MB completed and signed by an enrolled actuary, as well as the electronic vers f, it is true, correct, and complete.	examined this return/rep	ort, in	cluding	g, if applic			
SICI	Filed with authorized/valid electronic signature. 07/27/2010	RICHARD GRUCELA	A					
SIGI HER		Enter name of individu	ıal siar	ning as	plan adm	ninistra	ator	
	Date   Enter Harrie Of Hid							

Date

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor Employee Benefits Security Administration

## 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 section 6058(a) of the Internal Revenue Code (the Code).

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open

	nsion Benefit Guaranty Corporation   Complete all entiries in accordance with the li	nstruc	tions to t	n <del>e</del> ro	m 5500-SF.	to Public II	nspection		
Pa	Annual Report Identification Information								
For	calendar plan year 2009 or fiscal plan year beginning $01/01/2009$		8	ınd en	ding 1	2/31/200	9		
A	This return/report is for:	loyer p	lan (not m	ultiem	ployer)	one-participant	plan		
В	This return/report is for:  first return/report  final return/re								
С		ar retu	m/report	(iess tl	nan 12 mont <u>hs</u>	3)			
•	Check box if filing under:	tensio	n		U	DFVC program			
	special extension (enter description)								
	Basic Plan Information - enter all requested information			-					
	Name of plan				Three-digit				
	YSICAL THERAPY ASSOCIATES OF GREAT NECK	PC		plan number (PN)   001					
PR	OFIT SHARING PLAN			1c	Effective date				
_						1/1998			
	Plan sponsor's name and address (employer, if for single-employer plan)	_	_	2b		tification Number	er (EIN)		
PH	YSICAL THERAPY ASSOCIATES OF GREAT NECK,	Р.	c.	_		760114			
۰.	A MARAUBAN RAITETTAR			2c .	Plan sponsor's	s telephone num	ber		
80	0 NORTHERN BOULEVARD								
an	DAM NIMOW NEW 11001			20		(see instruction	ns)		
	EAT NECK NY 11021			-	6213				
	Plan administrator's name and address (If same as Plan sponsor, enter "Same")	)		3D .	Administrator's	s EIN			
SA	ME			0-					
				3C ,	Administrator's	s telephone nun	nber		
<del></del>			4 6 Al-1-	4b					
	the name and/or EIN of the plan sponsor has changed since the last return/repo			40	EIN				
P	lan, enter the name, EIN, and the plan number from the last return/report. Spe	onsor	s name	4c PN					
				40	PN				
52	Total number of participants at the beginning of the plan year			5a		7			
b Total number of participants at the beginning of the plan year						<u>.</u> 5			
C	Total number of participants with account balances as of the end of the plan ye			5b	•				
	benefit plans do not complete this item)			5c		7			
<del>6</del> a	Were all of the plan's assets during the plan year invested in eligible assets? (Se					ХYe	s No		
	Are you claiming a waiver of the annual examination and report of an independe				ountant				
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and co			X Yes					
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF			ad use	Form 5500.		s 📙 No		
Pa	itilii Financial Information								
7	Plan Assets and Liabilities		(a) Be	ginnir	g of Year	(b) End	of Year		
а	Total plan assets	7a		2	70,757		330,070		
þ	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c		2	70,757		330,070		
8	Income, Expenses, and Transfers for this Plan Year	1	(	a) Am	ount	(b) To	otal		
а	Contributions received or receivable from:								
	(1) Employers	8a(1)				1			
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)					i		
b	(3) Others (including rollovers) Other income (loss) SEE STATEMENT 1	8b			59,313		FA 345		
C	• • • • • • • • • • • • • • • • • • • •	8c		Ė.			59,313		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits) $\dots$	8d				•			
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	_			•			
g	Other expanses	8g		,;		-			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					50 212		
į	Net income (loss) (subtract line 8h from line 8c)	81			<u></u>		59,313		
i	Transfers to (from) the plan (see instructions)	8j							

	Form 5500-SF (2009)			Page	2- 🗌		<u> </u>					
Par	IV Plan Characteristics								***************************************			
		- Carlo										
2E	If the plan provides pension benefits, enter the app	wearde beusion teath	re codes from the Ust (	of Plan	Chara	cteris	tic Code	e in the i	nstructions:			
_	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:											
Par	V Compliance Questions							<del></del>				
10	During the plan year:				Yes	No	Т	Amor				
	Was there a failure to transmit to the plan any participant o	contributions within the	ime period described			-140	1		MIL.			
	In 29 CFN 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program.) 10a X											
	b Were there any nonexempt transactions with any party-in-interest? (Do not include											
	transactions reported on line 10s.)	10ъ		X	<u> </u>							
C	Was the plan covered by a fidelity bond?	******************************		10c		X						
Đ	Did the plan have a loss, whether or not reimbursed	i by the plan's fidelity	bond, that									
	was caused by fraud or dishonesty?	************************		10d		X	<u></u>					
	Were any fees or commissions paid to any brokers,											
	parter, insurance service or other organization that						]					
,	he plan? (See instructions.)			10e		X	<u> </u>					
T	las the plan falled to provide any benefit when due	under the plan?	************************			X	<u> </u>					
9	Old the plan have any participant loans? (If "Yes," e	inter amount as of ye	ar end.)	10g		X	<u> </u>					
	f this is an individual account plan, was there a blac			1 1								
	and 29 CFR 2520.101-9.)			10h		X		<u></u>	<u> </u>			
•	f 10h was answered "Yes," check the box if you ett of the exceptions to providing the notice applied un	ner provided the requ	lired notice or one	l l		v						
Par	VI Pension Funding Compliance	Ider 29 CFH 2520.10	<u> </u>	101		X	<u> </u>	<u> </u>	<u>.                                    </u>			
	s this a defined benefit plan subject to minimum fur	ndlas mariassas	Of Tives I are best with									
	s uns a demico conont pain audicot to majimum idi Achadale SR (Form 55001)	isonia radonemenes	in "res," Ree instructio	ns and	comp	ete		п.,	П.,			
12	Schedule SB (Form 5500)) s this a clefined contribution plan subject to the min	rimena francisco noceda		- 6 Al				Yes	No			
	ection 3D2 of ERISA? (If "Yes," complete 12a or 12	25. 12c. 12d. and 12e	heims on anniteshio )	טוש נט	000 0	,		Пу	⊠ No			
a	a waiver of the minimum funding standard for a pri	for year is being emo	tized in this plan were	oon Inci	m vello	ne si	uri pertos	,∐ 163 Shodato	ON MA			
ı	uling grenting the waiver.	,	Month	200 1161		1		Year	Of this lighter			
lf y	su completed line 12a, complete lines 3, 9, and 16	0 of Schedule MB (F	orm 5500), and skin to	ilna 1	t L			169				
b	inter the minimum required contribution for this plan	n year			<u></u> ו	12b						
C I	inter the amount contributed by the employer to the	e plan for thia plan ve	ar		···· t	12e						
d s	subtract the amount in line 12e from the amount in (	line 12b. Enter the re	sult (enter a minus sion	to	''''		-		· · · · · · · · · · · · · · · · · · ·			
1	he left of a negative amount)					12d	1					
<u> </u>	<u>Vill the minimum functing amount reported on line 1:</u>	2d be met by the fun	ing deadline?			Πv	'es	No	N/A			
Part												
13a I	las a resolution to terminate the plan been adopted	during the plan year	or any prior year?	********	<u>.</u>	****	*********	Yes	X No			
1	"Yee," enter the amount of any plan assets that re	verted to the employ	or this year	********	Г	<b>13</b> a						
	Vere all the plan assets distributed to participants o	r beneficiaries, transf	erred to another plan, o	x pront	ht			_				
	nder the control of the PBGC?					.,,,,,,,	*********	Yes	X No			
	during this plan year, any essets or liabilities were	transferred from this	plan to another plan(a),	identify	the p	lan(e)	to whic	h assets	ОГ			
	abilities were transferred, (See Instructions.)											
73	:(1) Nayne of plan(s):			13c(2) EIN(s) 13c(3) PN(s)					3) PN(s)			
	M											
							!					
Court	Courtiers A provedity for the late or important filling of this art.											
Caution: A paralty for the late or incomplate filing of this return/report will be assessed unless reasonable cause is established.												
Inder poneities of yearlury and other poneities self furth in the instructions, I doctore that I have examined this return/report, including, if applicable, a Schoolule SB or Schoolule NB completed and igned by an applicable actuary, as you as it is electronic version of this manufactorit, and to the boot of my knowledge and ballet, it in true, correct, and complete.												
SIGN	Supard Junela 07/27/2010 RICHARD GRUCELA											
		Date	Enter name of Individu			plan :	dminist	rator				
SIGN				<b>-</b> -	-							
HERE	Signature of employer/plan sponsor	Date	Enter name of Individual	al sino	20.00	المسو	NADY OF !	lan coo	e Or			
	- Pare Rills of Month					dual aigning as employer or plan sponsor						