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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	art I	Annual Report	Identification Information						
For	calenda	ar plan year 2009 or fis	scal plan year beginning 01/01/2	2009	and ending 1	2/31/2	2009		
Α	This ret	turn/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan	
В	This ret	turn/report is for:	first return/report	final retur	n/report		_		
		•	an amended return/report	short plan	year return/report (less than 12 mo	nths)			
C	Check I	box if filing under:		automatic	extension		DFVC progra	m	
·	Oncor	box ii iiiiiig dilder.	special extension (enter descrip						
D	art II	Rasic Plan Info	rmation—enter all requested info	,					
	Name		Illiation—enter all requested into	imation		1h	Three-digit		
			SERVICES, PLLC 401(K) PROFIT	SHARING F	LAN		plan number		
							(PN) •	001	
						1c	Effective date of		
-0-						O.L.	01/01/1		
		ponsor's name and add PHYSICAL THERAPY	dress (employer, if for single-employ	yer pian)		20	Employer Identif (EIN) 16-1549		
	77 (11 (10	THOOKE THERAT	SERVICEO, I EES			2c	1-111	elephone number	
		ELD RD.					585-427		
PEN	IFIELD,	NY 14626				2d	Business code (see instructions)	
3a	Plan a	dministrator's name an	nd address (if same as Plan sponsor	r enter "Same		3h	621498 Administrator's E	=INI	
		PHYSICAL THERAPY	SERVICES, PLLC 69 EDENI	FIELD RD.	,		16-1549		
			PENFIELI	D, NY 14626		3с		elephone number	
	lf the ne	ama and/ar FINI of the r	plan sponsor has changed since the	loot roturn/ro	nort filed for this plan costor the	415	585-427	<u>/-/610</u>	
4			per from the last return/report. Spor		port filed for this plan, enter the	40	EIN		
	,	, ,				4c	PN		
5a	Total r	number of participants	at the beginning of the plan year			5a	5a		
b	Total r	number of participants	at the end of the plan year			5b	5b		
С			with account balances as of the end		,			45	
_		•				5c		15	
		•	• , ,	•	(See instructions.)			Yes No	
b					ndent qualified public accountant (IQ ions.)			X Yes No	
			•	•	SF and must instead use Form 55				
Pa	art III	Financial Inforn	nation		,				
7	Plan A	Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total	plan assets		7a	524387	7		669144	
b	Total p	plan liabilities		7b					
С	Net pl	an assets (subtract line	e 7b from line 7a)	7c	524383	7		669144	
8	Incom	e, Expenses, and Tran	nsfers for this Plan Year		(a) Amount		(b) T	otal	
а		butions received or rec		90(1)	11697	7			
	` '	. ,			38800	-			
	` '	•	rs)	` ′	30000	9			
b					133122	2			
C		` ,), 8a(2), 8a(3), and 8b)		133122	_		183619	
d		` ' '	t rollovers and insurance premiums					100010	
u					38862	2			
е	Certai	n deemed and/or corre	ective distributions (see instructions)	8e					
f	Admin	nistrative service provid	lers (salaries, fees, commissions)	8f					
g	Other	expenses		8g					
h	Total e	expenses (add lines 8d	1 8e 8f and 8n)					38862	
			i, oc, oi, and og/						
i	Net in	come (loss) (subtract li	ine 8h from line 8c)					144757	

Dort IV	Diam	Charas	teristics
Part IV	Plan	Charac	TATISTICS

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D

D I	rtn	e pian provides weirare benefits, enter the applicable weirare featur	re codes from the L	list of Pian Charac	cterisi	iic Coo	ies in	tne instruct	ions:	
Part '	٧	Compliance Questions								
10	Dui	ing the plan year:		_		Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X			
С	Wa	as the plan covered by a fidelity bond?			10c	X				200000
		the plan have a loss, whether or not reimbursed by the plan's fideli			10d		X			
	ins	re any fees or commissions paid to any brokers, agents, or other per per ance service or other organization that provides some or all of the ructions.)	e benefits under the	plan? (See	10e		X			
f	Has	s 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 y	year end.)		10g		X			
		is is an individual account plan, was there a blackout period? (See 20.101-3.)) CFR	10h		X			
		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part \	۷I	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							Пуе	s X No
		0))his a defined contribution plan subject to the minimum funding requ							Yes	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 Of the Code	01 36	Clion	JUZ UI	LINIOA:	□	, _[]
а	lf a	waiver of the minimum funding standard for a prior year is being am	nortized in this plar						he letter r Year	-
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB			''		Day		rear	
b	Ent	er the minimum required contribution for this plan year					12b			
С	Ent	er the amount contributed by the employer to the plan for this plan y	year			[12c			
		tract the amount in line 12c from the amount in line 12b. Enter the rative amount)	,	-		[12d			
е	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A
Part \	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?		<u>.</u>			Yes	s X No
		es," enter the amount of any plan assets that reverted to the emplo					13a			
		re all the plan assets distributed to participants or beneficiaries, tranne PBGC?	nsferred to another	plan, or brought u	ınder	the co	ntrol		Yes	s X No
		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	e plai	n(s) to				
13	3c(1) Name of plan(s):			13c(2) EIN(s) 13c(3) PN			3) PN(s)		
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonable	e cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	F	iled with authorized/valid electronic signature.	10/03/2010	PER STAMPE						
HERE										

Date

Enter name of individual signing as employer or plan sponsor

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).

OMB Nos. 1210-0110 1210-0089

2009

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Pa			the manachona to the Form 550		
Ford		1/01/2	009 and ending		12/31/2009
Ат	his return/report is for: X single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
Вт	his return/report is for: first return/report	final return	n/report		
	an amended return/report	short plan	year return/report (less than 12 mo	nths)	_
C	heck box if filing under:	automatic	extension		DFVC program
	special extension (enter descripti	on)			
Pa	rt II Basic Plan Information—enter all requested inform	ation			
	Name of plan	a		1b	Three-digit plan number
	PEDIATRIC PHYSICAL THERAPY SERVICES, PLI	عاد			(PN) 001
4	101(K) PROFIT SHARING PLAN			1c	Effective date of plan
					01/01/1999
2a	Plan sponsor's name and address (employer, if for single-employe PEDIATRIC PHYSICAL THERAPY	r plan)		2b	Employer Identification Number (EIN) 16-1549088
	SERVICES, PLLC			20	Plan sponsor's telephone number
	59 EDENFIELD RD.				(585) 427-7610
				2d	Business code (see instructions) 621498
	PENFIELD Plan administrator's name and address (if same as Plan spensor (enter "Same	NY 14626	3h	Administrator's EIN
Ja ,	Plan administrator's name and address (if same as Plan sponsor, o	enter Same	?)	35	Administrator 3 Line
				3c	Administrator's telephone number
A 14	the name and/or EIN of the plan sponsor has changed since the la	est roturn/ro	nort filed for this plan, enter the	4h	EIN
	the name and/or EIN of the plan sponsor has changed since the lame, EIN, and the plan number from the last return/report. Spons		port med for this plant, enter the	40	EIIV
				4c	PN
	Total number of participants at the beginning of the plan year			5a	1.7
	Total number of participants at the end of the plan year			5b	14
С	Total number of participants with account balances as of the end of			5c	15
62	complete this item)				
	Are you claiming a waiver of the annual examination and report of				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ons.)		
De	If you answered "No" to either 6a or 6b, the plan cannot use I rt III Financial Information	orm 5500-	SF and must instead use Form 55	500.	
<u>га</u>	Plan Assets and Liabilities		(a) Beginning of Year	T	(b) End of Year
•	Total plan assets	7a	524,3	3 7	669,144
b	Total plan liabilities				303722
C	Net plan assets (subtract line 7b from line 7a)		524,3	37	669,144
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:				
	(1) Employers	8a(1)	11,6		
	(2) Participants	8a(2)	38,8	20	
	(3) Others (including rollovers)	8a(3)		4	
b	Other income (loss)		133,1	22	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			183,61
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	38,8	62	
е	Certain deemed and/or corrective distributions (see instructions)				
f	Administrative service providers (salaries, fees, commissions)				
g	Other expenses				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				38,86
i	Net income (loss) (subtract line 8h from line 8c)				144,75
j	Transfers to (from) the plan (see instructions)	8j			
For	Paperwork Reduction Act Notice and OMB Control Numbers, see the instruc		n 5500-SF.		Form 5500-SF (2009)

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Form	5500-	-SF	2009

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Part	11/	Charan	teristics
~ 411	IV	 Lalleital	1121121112

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

2E 2G 2J 2K 3D

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

			C/4/400			,			
Part	V	Compliance Questions				· · · · · ·		·	
10		ng the plan year:		•		Yes	No	Α	mount
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	10a		Х				
b		e there any nonexempt transactions with any party-in-interest? (Done 10a.)	10b		х				
c	Wa	s the plan covered by a fidelity bond?	***************************************		10c	Х			200,000
d		the plan have a loss, whether or not reimbursed by the plan's fidelitishonesty?			10d		Х		
е	insu	re any fees or commissions paid to any brokers, agents, or other per rance service or other organization that provides some or all of the fructions.)		Х					
f	Has	the plan failed to provide any benefit when due under the plan? \ldots			10f		Х		
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	vear end.)		10g		Х		
h		is is an individual account plan, was there a blackout period? (See 0.101-3.)			10h		х		
i		Oh was answered "Yes," check the box if you either provided the rec	•						
		eptions to providing the notice applied under 29 CFR 2520.101-3			10i				
Part		Pension Funding Compliance		······					
11 ——		is a defined benefit plan subject to minimum funding requirements?							Yes X No
12	Is th	nis a defined contribution plan subject to the minimum funding requ	irements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Yes X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.							
а		waiver of the minimum funding standard for a prior year is being an							
16.	_	nting the waiver			tn		Day	Y	ear
		er the minimum required contribution for this plan year		•		Г	12b		
		•					12c		
c d	Sub	er the amount contributed by the employer to the plan for this plan y tract the amount in line 12c from the amount in line 12b. Enter the r ative amount)	result (enter a mini	us sign to the left	of a		12d		
e	-	the minimum funding amount reported on line 12d be met by the fu						☐ Yes ☐	No ∏ N/A
Part		Plan Terminations and Transfers of Assets	<i>S</i>						
		<u> </u>	or or ony prior you	.r2					Yes X No
ıJa		a resolution to terminate the plan been adopted during the plan year				Г	13a	<u> </u>	103 23 10
h		es," enter the amount of any plan assets that reverted to the emplo e all the plan assets distributed to participants or beneficiaries, tran						<u> </u>	
c	of th	ne PBGC?			•••••				Yes X No
	whic	ch assets or liabilities were transferred. (See instructions.)	ns plan to another	plants), identity ti	T pia	. ,			40.40.51//
1	3C(1) Name of plan(s):			-	13	c(2) El	N(S)	13c(3) PN(s)
Cauti	ion:	A penalty for the late or incomplete filing of this return/report v	will be assessed	un.	cau	use is	establ	lished.	
SB or	r Śch	nalties of perjury and other penalties set forth in the instructions, I diedule MB completed and signed by an enrolled actuary, as well as true, correst, and complete.						g, if applicab best of my kr	e, a Schedule owledge and
SIGI		W Sa- K	9/29 10	PER STAMPE					
HER	_	Signature of plan administrator	Date	Enter name of in	- SAG.		ning a	s plan admin	strator
	1		2/29/10	PIA STAMPE					
SIGI	- 1		Date	Enter name of in		مزء ادار	ning s	s employer o	r nlan enoneor
***************************************	ــــــــــــــــــــــــــــــــــــــ	orginature of employemplant sponsor	<u> </u>	Lines Harrie Util	TUIVIU	uai siy	miy a	a cilibiologi O	pian sponsoi