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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in acco	tuance with	i the manachons to the Form 330	U-3F.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20	11	and ending 1	2/31/2	011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 m	onths)			
С	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m	
	special extension (enter description)	on)					
Pa	art II Basic Plan Information—enter all requested inform	nation					
1a	Name of plan			1b	Three-digit		
NOR	TH COAST THERAPY, LLC 401(K) RETIREMENT PLAN				plan number		
					(PN) ▶	001	
				1C	Effective date of 01/01/	•	
2a	Plan sponsor's name and address; include room or suite number (employer if	for a single-employer plan)	2h	Employer Identif		ωr
	RTH COAST THERAPY	op.o, o.,	re. a emg.e emp.eye. piam		(EIN) 16-146		
				2c	Sponsor's teleph	none number	
PO E	BOX 249				315-388		
	IAIN STREET DDINGTON, NY 13694			2d	Business code (ns)
	<u> </u>			01	62161		
	Plan administrator's name and address (if same as plan sponsor, 6 TH COAST THERAPY PO BOX 249		e")	3b	Administrator's E		
	10 MAIN ST	REET	204	3с	Administrator's to	elephone nun	nber
	WADDINGT	ON, NY 130	594		315-388		
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year			5a			2
b				5b			1
C				30			
	complete this item)			5c			19
6a	Were all of the plan's assets during the plan year invested in eligi	ole assets?	(See instructions.)			X Yes	No
b	- ,			,		V □	٦ ٨ ٦
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use If		•		•••••	X Yes	No
Pa	art III Financial Information	01111 3300-	or and must instead use Form 55	00.			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
a	Total plan assets	7a	375329		(b) Liid	420819	9
b							
С	Net plan assets (subtract line 7b from line 7a)		375329			420819	9
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		17060		, ,		
	(1) Employers	8a(1)	17062				
	(2) Participants	` ` `	24297				
	(3) Others (including rollovers)	8a(3)					
b	,		5944			47000	
С		8c				47303	3
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1813				
е							
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h						1813	3
i	Net income (loss) (subtract line 8h from line 8c)					45490)
j	Transfers to (from) the plan (see instructions)	8j					

Form	5500.	SF.	201

Page 2 - 1	
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Part IV	Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 3B 3D 2J
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		Amo	unt	
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		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c	X				5	50000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Χ				
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				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
1 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
rt VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes	× No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	02 of E	RISA?		Yes	N o
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	02 of E	RISA?	∐	Yes	N o
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	ctions,	and e	nter the	e date o	f the let	ter rulin	g
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions,	and e	nter the Day ₋	e date o	f the let	ter rulin	g
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	ctions, ith	and e	nter the Day ₋	e date o	f the let	ter rulin	g
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	ctions,	and e	nter the Day ₋	e date o	f the let	ter rulin	g
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	ctions, ith of a	and e	nter the Day ₋	e date o	f the let	ter rulin	g
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	ctions, th of a	and e	nter the Day	e date o	f the let	ter rulin	g
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	ctions, th of a	and e	nter the Day	e date o	f the let	ter ruling	g
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	12b 12c 12d	Yes	f the let	ter ruling	g
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	of a	and e	12b 12c 12d	Yes	f the let_ Year	ter ruling	g
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	of a	and e	nter the Day	Yes	f the let Year	ter ruling	g N/A
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	of a	and e	nter the Day	Yes	f the let Year	ter ruling	g N/A
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	of a	and e	nter the Day	Yes	f the let Year	ter ruling	g N/A
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	of a	and e	nter the Day	Yes X	f the let Year	ter ruling	g
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d Y	Yes X	f the let Year	ter ruling	g
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d Y	Yes X	f the let Year	ter ruling	g

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/01/2012	J. KHRISTINE ERCUMS, ERPA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	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 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.

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	rt I Annual Report Identification Information	1 (0.3	7000			4.0.4.0.4.0.4.4	
For			/2011	and ending		12/31/2011	
A T	his return/report is for:	a mult	iple-employer plan	(not multiemployer)		a one-participant plan	
Вт	his return/report is:		final return/report				
	an amended return/report	a shor	plan year return/re	port (less than 12 mo	nths)	_	
C	Check box if filing under: Form 5558	autom	atic extension			DFVC program	
	special extension (enter description	n)					
Pa	rt II Basic Plan Information—enter all requested information	ation					
1a	Name of plan				1b	Three-digit	
ı	NORTH COAST THERAPY, LLC 401(k)					plan number (PN) • 001	
I	RETIREMENT PLAN			-	1c	Effective date of plan	
						01/01/1996	
2a	Plan sponsor's name and address; include room or suite number (er	mploye	r, if for a single-em	ployer plan)	2b	Employer Identification Number	
	NORTH COAST THERAPY			1		(EIN) 16-1466479	
					2c	Sponsor's telephone number	
1	PO BOX 249			-	24	(315) 388-7703	
	10 MAIN STREET		NY 1		Zu	Business code (see instructions) 621610	
	NADDINGTON Plan administrator's name and address (if same as plan sponsor, er	nter "Sa			3b	Administrator's EIN	
	SAME		,				
					3с	Administrator's telephone number	
4	If the name and/or EIN of the plan sponsor has changed since the la	aet reti	rn/report filed for th	nis plan, enter the	4b	(315) 388-7703 EIN	
	name, EIN, and the plan number from the last return/report.	ast rett	intereport med for the	iis pian, enter the	40	EIN	
а	Sponsor's name				4c	PN	
5a	Total number of participants at the beginning of the plan year		•••••		<u>5a</u>	20	
b	Total number of participants at the end of the plan year	••••••			5b	19	
C	Number of participants with account balances as of the end of the p	-			5 0	19	
<u> </u>	complete this item)				<u>5c</u>	<u> </u>	
	Were 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 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 6a or 6b, the plan cannot use Fo	orm 55	00-SF and must in	stead use Form 550	0.		
Pai	t III Financial Information	ı			_		
7	Plan Assets and Liabilities	<u> </u>	(a) Beg	inning of Year	\vdash	(b) End of Year	
	Total plan assets	7a		375,329	1	420,819	
	Total plan liabilities	7b		275 200	+		
	Net plan assets (subtract line 7b from line 7a)	7c		375,329	1	420,819	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a)) Amount	╁	(b) Total	
а	(1) Employers	8a(1	b	17,062	2		
	(2) Participants	8a(2)	24,297	7		
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b		5,944	4		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	- 8c				47,30	
	Benefits paid (including direct rollovers and insurance premiums	ی ا		1 013	ا		
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d		1,813	4		
	Administrative service providers (salaries, fees, commissions)	8e 8f			+		
t	Other expenses	8g			1		
g h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+-	1,813	
	Net income (loss) (subtract line 8h from line 8c)	8i			+	45,490	
_	Transfers to (from) the plan (see instructions)	8i			╁	43,430	
	perwork Reduction Act Notice and OMB Control Numbers, see the instructions for I		0-SF.			Form 5500-SF (2011)	

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	Form 5500-SF 2011	rage Z -	₫						
Par	t IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension fea	ture codes from the List	of Plan Chara	cteris	tic Co	des in	the instruct	ions:	
L	2A 2E 3B 3D 2J	ura andon from the List of	f Plan Charac	toriat	io Coo	loo in t	ha inatruatio		
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the List o	i Pian Charac	iensi	ic Coc	ies iii t	ne msnucuc	1115.	
Pari	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Program).		10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?			10c	Х			5	50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	ne benefits under the pla	n? (See	10e		х			
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 o	f year end.)		10g		Х	_		
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	-1		10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500))							Yes	X No
12	Is this a defined contribution plan subject to the minimum funding red	quirements of section 41	2 of the Code	or se	ction 3	302 of	ERISA?	Yes	X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable								_
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	amortized in this plan yea	ar, see instruc Mont	tions, :h	and e	enter th Day	e date of th	e letter rui Year	ling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule M								
b	Enter the minimum required contribution for this plan year		•••••	•••••	_	12b			
	Enter the amount contributed by the employer to the plan for this plan					12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)			•••••	_	12d		, <u> </u>	<u> </u>
	Will the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N/A
Part									
13a	Has a resolution to terminate the plan been adopted in any plan year?			_		Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the emp	_ <u></u>		_	3a				
	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	····						Yes	X No
	which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s):	uns plan to another plan	(s), identity th	e piar	`			1 40 40	
	SC(1) Name of plants).				130	c(2) El	N(S)	130(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report	will be assessed unles	s reasonable	e cau	se is	establ	ished.		
SB of	r penalties of perjury and other penalties set forth in the instructions, I r Schedule MB completed and signed by an enrolled actuary, as well a f, it is true, correct, and complete.	declare that I have exam s the electronic version of	nined this return/r	rn/rep eport	ort, in and t	cluding to the b	g, if applicat est of my k	ole, a Scho nowledge	edule and
610	Wornell Tuner, Trustee	4/10/12 YVC	ONNE M. I	ואפוזי	ED	יוסיף	STEE		
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