## 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

2012

This Form is Open to Public Inspection

			Complete all entries in acc	ordance with the mondo	tions to the Form 330	<i>1</i> 0-31 .					
Р	art I	Annual Report	Identification Information								
Fo	r calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/20	012	and ending	12/31/2	2012				
Α	This retu	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan			
В	This retu	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 m	nonths)	1				
С	Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program					
			special extension (enter descrip	otion)							
P	art II	Basic Plan Info	rmation—enter all requested infor	rmation							
1a	Name	of plan				1b	Three-digit				
PED	IATRIC I	PHYSICAL THERAPY	SERVICES, PLLC 401(K) PROFIT	SHARING PLAN			plan number				
							(PN) <b>•</b>	001			
						1c	Effective date o	•			
2a PED	Plan sp	oonsor's name and add PHYSICAL THERAPY	dress; include room or suite number / SERVICES, PLLC	(employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 16-15	fication Number 49088			
60 E	DENFIE					2c	Sponsor's telep				
		NY 14626				2d	Business code (	see instructions)			
3a	Plan ac	dministrator's name an	nd address XSame as Plan Sponso	r Name Same as Plan	Sponsor Address	3b	Administrator's				
						30	Administrator's	telephone number			
						30	Administrator 5	lelephone number			
4			e plan sponsor has changed since th	e last return/report filed fo	r this plan, enter the	4b	EIN				
а		EIN, and the plan nun or's name	mber from the last return/report.			4c	PN				
5a	Total n	number of participants	at the beginning of the plan year			5a		16			
b	Total n	number of participants	at the end of the plan year			5b		24			
С			account balances as of the end of th	. , ,	•	5c		24			
6a	•	•	s during the plan year invested in elig					X Yes No			
b			the annual examination and report								
			? (See instructions on waiver eligibility)	•				X Yes   No			
	If you	answered "No" to ei	ther line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form	5500.				
Ca	ution: A	penalty for the late of	or incomplete filing of this return/i	report will be assessed u	unless reasonable ca	use is	established.				
SB	or Sche	, , ,	ner penalties set forth in the instruction ad signed by an enrolled actuary, as plete.	•			O, 11	,			
SIC		Filed with authorized/	valid electronic signature.	10/11/2013	PER STAMPE						
HE	RE	Signature of plan a	dministrator	Date	Enter name of individ	lual sic	ning as plan adn	ninistrator			
SIC	3N										
	RE	01		Data	Fatana and after 1975						
		Signature of employ	<pre>yer/plan sponsor ame, if applicable) and address; incl</pre>	Date	Enter name of individ			r or plan sponsor number (optional)			
116	parer s i	name (moduling min in	ame, ii applicable) and address, inci	ade room or suite number	(Optional)	1 166	arer s telepriorie	Humber (optional)			

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Pai	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea	(b) End of Year							
	Total plan assets	7a					884769			)	
	Total plan liabilities	7b	10202						047.00	,	
	Net plan assets (subtract line 7b from line 7a)	7c	78202	21			884769				
	Income, Expenses, and Transfers for this Plan Year	,,,					(b) To		04700	,	
	Contributions received or receivable from:		(a) Amount				(b) To	ıaı			
	(1) Employers	8a(1)	1934	3							
	(2) Participants	8a(2)	2938	33							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	5402	22							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						10	)2748		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)										
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
	Net income (loss) (subtract line 8h from line 8c)	8i						1	02748	3	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	oj .									
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:			
	W   0 11										
Part	•					г	1				
10	During the plan year:				Yes	No	,	٩mo	unt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					2000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	er person	s by an insurance carrier,								
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	and )			Х					
h		(See instru	uctions and 29 CFR	10g 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	ne required	d notice or one of the	10ii							
Part		1 0		101							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	X	No
11a	Enter the amount from Schedule SB line 39					11a					
12					ction		FRISA?	П	Yes	X	No
-14											
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and	enter th		e let Year		ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Бау		ı cai			
	Enter the minimum required contribution for this plan year	•				12b					

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
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)	12d		
е	Will the 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 resolution to terminate the plan been adopted in any plan year?		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 plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## 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).

2012 This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

Complete all entries in accorda	ance with the instruc	ctions to the Form 550	0-SF.	<u> </u>			
Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012		l a dia a	10/04/0				
<b>V</b>			12/31/2				
	lan (not multiemployer)		a one-partici	pant plan			
B This return/report is:	he final return/report						
an amended return/report a	short plan year return	n/report (less than 12 m	onths)				
C Check box if filing under: X Form 5558		DFVC program					
special extension (enter description	)			<del></del>			
Part II Basic Plan Information—enter all requested informat	ion			· · · · · · · · · · · · · · · · · · ·	<del>-</del>	<del></del>	
1a Name of plan			1b	Three-digit			
PEDIATRIC PHYSICAL THERAPY SERVICES, PLLC 401(K) PROFIT SH	ARING PLAN			plan number			
, , ,			<u></u>	(PN) 🕨	001	<del></del>	
			1c	Effective date of 01/01/	•		
2a Plan sponsor's name and address; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi	fication Numb	oer	
PEDIATRIC PHYSICAL THERAPY SERVICES, PLLC			1	(EIN) 16-154			
			2c	Sponsor's telep	hone number	r	
69 EDENFIELD RD.				(585) 42			
			2d	Business code	•	ns)	
PENFIELD. NY 14626  3a Plan administrator's name and address X Same as Plan Sponsor Na	По Ві	Sponsor Address	26	62149			
Sa Fran administrator's name and address Moarne as Fran Sponsor Na	me Usame as Plar	Sponsor Address	30	Administrator's	EIN		
			3c	Administrator's	telephone nu	mber	
					•		
			ļ				
4 If the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report.	st return/report filed fo	or this plan, enter the	4b EIN				
a Sponsor's name			4c PN				
5a Total number of participants at the beginning of the plan year			5a	T		16	
<b>b</b> Total number of participants at the end of the plan year			5b	<del>                                     </del>		24	
C Number of participants with account balances as of the end of the pla			30				
complete this item)			5c			24	
6a Were all of the plan's assets during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes	No	
<b>b</b> Are you claiming a waiver of the annual examination and report of ar	independent qualifie	d public accountant (IQ	PA)			_	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	•				X Yes	_ No	
If you answered "No" to either line 6a or line 6b, the plan canno				***************************************			
Caution: A penalty for the late or incomplete filing of this return/repo						·	
Under penalties of perjury and other penalties set forth in the instructions, SB or Schedule MB completed and signed by an enrolled actuary, as well	as the electronic ver	examined this return/report	oort, inc	cluding, if applic	able, a Sched	lule Ind	
belief, it is true, correct, and complete	ra i		, 0110 11	o the base of my	miorneage a	,,,,	
TOL STUAM 10	1/0/12/17	PER STAMPE		<del></del>	······································		
SIGN // // // // // HERE	1, 110 12			**************************************	·		
Signature of plan administratór	Date	Enter name of individ	ual sigr	ning as plan adr	ninistrator		
SIGN							
HERE Signature of employer/plan sponsor	Date	Enter name of individ	ual sigr	ning as employe	r or plan spor	nsor	
Preparer's name (including firm name, if applicable) and address; include	room or suite number	r (optional)	Prepa	rer's telephone	number (opti	onal)	
						0.50%	
		·					
					ayiayah Afi		

2013-10 007 1224 51 757 01500

Pa	t III Financial Information				.,,.,,					
7_	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year			
a	Total plan assets	. 7a	78202	:1			884769			
<u>b</u>	Total plan liabilities	. 7b								
<u> </u>	Net plan assets (subtract line 7b from line 7a)	78202	1			884769				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
а	Contributions received or receivable from: (1) Employers									
	(2) Participants	8a(2)	2938	3						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	. 8b	5402	2	155					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			() ()		102748			
d	Benefits paid (including direct rollovers and insurance premiums				AV.					
	to provide benefits)	. 8d			100					
-	Certain deemed and/or corrective distributions (see instructions)	8e			\$35 3. A					
	Administrative service providers (salaries, fees, commissions)	<del> </del>								
<u>g</u>	Other expenses	. 8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					102748			
<u>j</u>	Transfers to (from) the plan (see instructions)	- 8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	c Cod	es in t	the instructions:			
<del></del>							<u> </u>			
Par	V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х				
C	Was the plan covered by a fidelity bond?			10c	х		200000			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	200000			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.)	of the bene	efits under the plan? (See	10e		x				
f	Has the plan failed to provide any benefit when due under the plan		· <del>/</del>	10f	$\neg \neg$	X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	<del></del>		-			<u></u>			
h	If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g		X				
i	If 10h was answered "Yes," check the box if you either provided the	he required	I notice or one of the	10h						
Dan d	exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance	1-3		10i		· · · · · · · · · · · · · · · · · · ·				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									
11a						11a				
12	Is this a defined contribution plan subject to the minimum funding			or se			ERISA? Yes No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.				and e	nter th Day				
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
b	Enter the minimum required contribution for this plan year					12b				

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	Enter the amount contributed by the employer to the plan for this plan year	12	. 1	****		
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)	12	-			· · · · · · · · · · · · · · · · · · ·
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Τħ	Yes	No	N/A
Part						·
13a	Has a resolution to terminate the plan been adopted in any plan year?	I	7 Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13		Land		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		ol		☐ Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			. <del> </del>	<u> </u>
1	20/4) Norman of plan / 2)	3c(2)	EIN	۷(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)	······				
	Name of trust	14b Trust's EIN				