Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual Report	rt Identification Information				
For calendar plan year 2014 or	r fiscal plan year beginning 06/15/2	014	and ending 12/3	31/2014	
A This return/report is for:	a single-employer plan	of participating emplo	lan (not multiemployer) (yer information in accord	-	
	a one-participant plan	a foreign plan			
B This return/report is	X the first return/report	the final return/report			
	an amended return/report	X a short plan year retur	n/report (less than 12 mo	onths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC progra	am
	special extension (enter desc				
	formation—enter all requested in	formation			Γ
1a Name of plan	INC 404/I/)			1b Three-digit	
PHYSICAL THERAPY WORKS,	INC. 401(K)			plan number (PN) ▶	002
				1c Effective date o	f plan 5/2014
2a Plan sponsor's name and a PHYSICAL THERAPY WORKS	address; include room or suite numb	er (employer, if for a single-	-employer plan)	2b Employer Identi (EIN) 04-36	fication Number
0004 O LIDERTY OT				2c Sponsor's telep	
3091 S. LIBERTY ST CANTON, MS 39046				2d Business code	
				6213	
3a Plan administrator's name	and address XSame as Plan Spon	sor.		3b Administrator's	EIN
				3c Administrator's	telephone number
	the plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
name, EIN, and the plan r a Sponsor's name	number from the last return/report.			4c PN	
5a Total number of participan	nts at the beginning of the plan year.			5a	2
b Total number of participan	nts at the end of the plan year			5b	3
	th account balances as of the end of	, , ,	•	5c	3
d(1) Total number of active p	participants at the beginning of the p	lan year		5d(1)	3
d(2) Total number of active p	participants at the end of the plan ye	ar		5d(2)	3
	t terminated employment during the p	•		5e	(
	te or incomplete filing of this retur				
	other penalties set forth in the instru- and signed by an enrolled actuary, a molete				
	ed/valid electronic signature.	07/10/2015	MARTI NANCE		

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

Versil of the plans assess during the plan year invested in eligible assest? (See instructions.) Versil No.		Form 5500-SF 2014		Page 2				
Part III Financial Information (a) Beginning of Year	b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of the plan cannot grow answered "No" to either line 6a or line 6b, the plan cannot grow answered "No" to either line 6a or line 6b, the plan cannot grow answered "No" to either line 6a or line 6b, the plan cannot grow answered "No" to either line 6a or line 6b, the plan cannot grow answered "No" to either line 6a or line 6b, the plan cannot grow answered "No" to either line 6a or line 6b, the plan cannot grow answered "No" to either line 6a or line 6b, the plan cannot grow answered "No" to either line 6a or line 6b, the plan cannot grow answered "No" to either line 6a or line 6b, the plan cannot grow answered "No" to either line 6a or line 6b, the plan cannot grow answered "No" to either line 6a or line 6b, the plan cannot grow answered "No" to either line 6a or line 6b, the plan cannot grow answered "No" to either line 6a or line 6b, the plan cannot grow answered "No" to either line 6a or line 6b, the plan cannot grow answered "No" to either line 6a or line 6b, the plan cannot grow answered "No" to either line 6a or line 6b, the plan cannot grow answered "No" to either line 6b or line 6b, the plan cannot grow answered "No" to either line 6b or li	an indepe and condit ot use Fo	ndent qualified public accounta iions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Yes No
7 Plan Assets and Liabilities			surance p	orogram (see ERISA section 40	21)? .		Yes	No Not determined
a Total plan sasets						1		
D Total plan liabilities. C Nat plan assestis (publicated line 7b from line 7a). C Nat plan assestis (publicated line 7b from line 7a). 7c 0 0 27666 B Income, Expenses, and Transfer for this Plan Year (a) Amount (b) Total C Contributions received or receivable from: (1) Employers. 8a(1) 2342 (2) Participants. 8a(2) 23962 (3) Others (including rollovers). 8a(3) 0 5b 13002 C Total income (losts). 8b 1 13002 C Total income (losts). 6b 1 13002 C Total income (losts). 8d 0 D Benefits paid (including direct orlobvers and insurance premiums to provide benefits). 8d 0 E Cortain income (losts). 8d 0 E Cortain secured and/or corroctive distributions (see instructions). 8d 0 F Administrative service providers (salaries, fees, commissions). 8f 1 F Total expenses. 9g 0 H Total expenses (add lines 8d, 8e, 8f, and 8g). 9h Total expenses (add lines 8d, 8e, 8f, and 8g). 9h Total expenses (add lines 8d, 8e, 8f, and 8g). 9h Total expenses (add lines 8d, 8e, 8f, and 8g). 9h Total expenses (add lines 8d, 8e, 8f, and 8g). 9h I Transfers (inform) the pain (see instructions). 8g 0 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: 2d 3d 30 2d 3d 30 2d 3d 30 2d 3d				(a) Beginning of Yea		-		
C Net plan assets (subtract line 7b from line 7a)	_	· ·			0	-		27666
8 income, Expensese, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers		·			0	-		27666
a Contributions received or receivable from: (1) Employers			7c		U			
(1) Employers				(a) Amount				(b) Total
(2) Participants			8a(1)	23	342			
(3) Other sincente (including rollovers). 88(3) D Other income (loss) C Total income (add lines 88(1), 8a(2), 8a(3), and 8b)			` '	239	62			
b Other income (loss) income (add lines 8a(1), 8a(2), 8a(3), and 8b)		,	` '					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	-			13	862			
Compliance Questions Compliance Questions		• • •	8c					27666
e Certain deemed and/or corrective distributions (see instructions)								
f Administrative service providers (salaries, fees, commissions)	1	o provide benefits)	8d					
g Other expenses	_ е	Certain deemed and/or corrective distributions (see instructions)	8e					
Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					
In Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g					
Transfers to (from) the plan (see instructions) 8	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					-
Part IV		,	8i					27666
9a	<u>j</u> .	Fransfers to (from) the plan (see instructions)	8j					
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								
Part V Compliance Questions	9a		feature co	odes from the List of Plan Chara	acteris	tic Co	des in	the instructions:
Part V Compliance Questions 10	h		ature con	les from the List of Plan Charac	ctorict	ic Cod	les in tl	he instructions:
During the plan year: 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	~	in the plant provides wehate benefits, efficientle applicable wehate te	ature coc	les nom the List of Flam Onarat	Jensu	ic Cou	163 111 11	ne manachons.
During the plan year: 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	Part	V Compliance Questions						
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	10	•				Yes	No	Amount
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribut	tions withi	n the time period described in				
on line 10a.)					10a		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?	b	, , ,	`	•	10b		X	
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.)	С	Was the plan covered by a fidelity bond?			10c		X	
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.)	d				10d		X	
f Has the plan failed to provide any benefit when due under the plan?	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 of the ber	s by an insurance carrier, nefits under the plan? (See			X	
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.) 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	f	·					X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		· · · · · · · · · · · · · · · · · · ·						
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			-	·	10g		Х	
exceptions to providing the notice applied under 29 CFR 2520.101-3		2520.101-3.)			10h		X	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)					10i			
5500) and line 11a below)	Part	VI Pension Funding Compliance						
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	11							
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	11a							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling							302 of	ERISA? Yes X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling								
	а		-			and e	_	

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 1	3.		
b	Enter the minimum required contribution for this plan year		12b		
С	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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		nt under the contro	1	Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify	the plan(s) to		
1	3c(1) Name of plan(s):		13c(2)	EIN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection**

	fit Guaranty Corporation	▶ Complete all entries in	accordance with the instru	ctions to the Form 5	500-3r.	
Part I	Annual Report	Identification Information	06/15/2014	and ending	12/31/20)14
or calendar	plan year 2014 or fi	scal plan year beginning	06/15/2014 a multiple-employer pla	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		minute and a district of the second of the s
A This return	n/report is for:	a single-employer plan a one-participant plan the first return/report an amended return/report	a multiple-employer pla of participating employ a foreign plan the final return/report	er information in accor	dance with the form	instructions)
		an amended recurrineport				
C Check box	x if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC pro	gram
		!				
		ormation—enter all requested in	Tormation		1b Three-digit	
1a Name of Physical	plan Therapy Wo	rks, Inc. 401(k)			plan number (PN) ▶	002
					1c Effective dat 06/15/20	
2a Plan spo	onsor's name and a	ddress; include room or suite numb	per (employer, if for a single-	employer plan)	2b Employer Ide (EIN) 04-3	entification Number 670517
					2c Sponsor's te	elephone number
	LIBERTY ST	20046				de (see instructions)
CANTON		MS 39046 and address XSame as Plan Spor	neor .		3b Administrato	or's EIN
4 If the na	ame and/or EIN of t EIN, and the plan n	he plan sponsor has changed sinc umber from the last return/report.	e the last return/report filed f	or this plan, enter the	4b EIN	
a Sponso	r's name					
5a Total n	umber of participan	ts at the beginning of the plan year			5b	
b Total n	umber of participan	ts at the end of the plan year	f the plan year (defined bon	ofit plane do not		
comple	te this item)	h account balances as of the end			5c	
		participants at the beginning of the			5d(1)	
d(2) Tota	al number of active p	participants at the end of the plan	ear		5d(2)	
less tha	an 100% vested	terminated employment during the			5e	
Under pena		e or incomplete filing of this retro other penalties set forth in the inst and signed by an enrolled actuary				
SIGN	11/12	71	06/19/15	Marti Nance		
HERE	Signature of plan	n administrator	Date	Enter name of indi	vidual signing as plar	n administrator
SIGN HERE		-l/alan anangar	Date	Enter name of indi	vidual signing as em	ployer or plan sponsor
	name (including fire	ployer/plan sponsor n name, if applicable) and address			Preparer's telep	hone number (optiona

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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,	a	a	e	2

Form	5500	SE	201	14
	ววบบ	-3	20	14

	Form 5500-SF 2014				-					
la A	ere all of the plan's assets during the plan year invested in eligible by you claiming a waiver of the annual examination and report of a	n indepen	dent qualified public account	ant (IQP	M)		_	Yes Yes		lo lo
	lor 20 CED 2520 104-462 (See instructions on waiver eligibility 8	ind condition	ons.)	***********		500.	E	3		
If y	tou answered "No" to either line 6a or line 6b, the plan cannot be plan is a defined benefit plan, is it covered under the PBGC instance.	surance nr	ogram (see ERISA section 4	021)?	П	Yes 🗌	No No	t deter	mined	
		surance pr	ogram (oco z. nov costa)							
Part I			(a) Beginning of Ye	ar	T		(b) End of	/ear		
	n Assets and Liabilities	7a	(a) Beginning of 10						276	66
	tal plan assets	7b								
	tal plan liabilitiest plan assets (subtract line 7b from line 7a)	7c		(0				276	66
-		,,,	(a) Amount				(b) Tota	ıl		
	come, Expenses, and Transfers for this Plan Year entributions received or receivable from:		(4)	004						
a Co	Employers	8a(1)		234	-					
THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	Participants	8a(2)		2396	2					
STATE OF TAXABLE PARTY.	Others (including rollovers)	8a(3)								
DESCRIPTION OF THE PERSON NAMED IN	her income (loss)	8b		136	2				076	
C To	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							276	100
to	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d			-					
	ertain deemed and/or corrective distributions (see instructions)	. 8e			+					
	ministrative service providers (salaries, fees, commissions)	1								
	ther expenses									0
	otal expenses (add lines 8d, 8e, 8f, and 8g)								276	566
	et income (loss) (subtract line 8h from line 8c)									
	ransfers to (from) the plan (see instructions)	· 8j								
Part	Plan Characteristics The plan provides pension benefits, enter the applicable pension	footure co	odes from the List of Plan Ch	aracteris	stic Co	des in ti	he instruction	ns:		
- 1	2 T 2 D 2 D							-		
b	the plan provides welfare benefits, enter the applicable welfare	feature cod	des from the List of Plan Cha	racterist	ic Cod	es in the	e instructior	is:		
Part '	V Compliance Questions									
10	During the plan year:				Yes	No	A	mount	t	
а	Was there a failure to transmit to the plan any participant contrib	Juciary Co	rrection Frogram)	100		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	st? (Do not	t include transactions reporte	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 or dishonesty?	s fidelity b	ond, that was caused by frau	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or a instructions.)	ther perso	ons by an insurance carrier, enefits under the plan? (See	10e		х				
	Has the plan failed to provide any benefit when due under the p			10f		Х				
	Did the plan have any participant loans? (If "Yes," enter amount	Manager or comments over the party of the pa	the state of the s	10g	1	Х				
g	If this is an individual account plan, was there a blackout period	2 (See inst	tructions and 29 CFR	109	+	V				
n	2520.101-3.)			10h	+	Х				
1	exceptions to providing the notice applied under 29 CFR 2520.1	101-3	od notice of circ of the	10i		<u></u>				
Part	VI Pension Funding Compliance		f IIVas II ago instructions and	complete	Scho	dule SE	3 (Form			
11	Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)							Y	'es	No
11a	Enter the unpaid minimum required contribution for current year	r from Sch	edule SB (Form 5500) line 3	9		11a	EDICAC	П	es X	No
12	Is this a defined contribution plan subject to the minimum fundi			ode or s	section	302 of	EKISA?	П,	co N	140
	(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 be	eing amor	tized in this plan year, see in	struction	s, and	enter th	ne date of th	ne lette	r ruling)
а	in a waiver of the mainer	-		Month _		Day		Year_		

	Form 5500-SF 2014	Page 3 -				
I£ v	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line	13.			
	Enter the minimum required contribution for this plan year			12b		
C	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	t (enter a minus sign to the l	eft of a	12d		
e	negative amount)	g deadline?			Yes	No N/A
Part						
	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			13a		
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	red to another plan, or broug	ght under the o	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identi				,
	13c(1) Name of plan(s):		1	3c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

PTWorks@bellsouth.net

RETURNED SIGNED EAPY VIA EMAIL 07.09.15

From:

Brian Jordan <bri> dyatech.com>

Sent:

Friday, June 19, 2015 12:03 PM

To:

ptworks@bellsouth.net

Subject:

Form 5500 and Summary Annual Report - Physical Therapy Works, Inc. 401(k)

Attachments:

2014 5500.pdf; SAR.pdf

Importance:

High

Please find attached your completed Form 5500 and Summary Annual Report.

Your required actions and deadlines for each are below.

1. Form 5500

a. Review and sign Form 5500

b. Return to Dyatech your signed Form 5500 by July 17, 2015 via email to service@dyatech.com or via fax at 601.510.3510.

2. Summary Annual Report

a. Distribute a copy of the Summary Annual Report to each participant and post in a common area, such as a break room, within 30 days of today.

Thank you for your business, and please feel free to contact us if you have any questions.

Sincerely,

Brian Jordan DYATECH 805 South Wheatley Suite 600 Ridgeland, MS 39157 PH 866-651-4222 ext.288 FX 601-510-3510

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