## 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

▶ 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 Repor	t Identification Information	n			
For calenda	r plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12/3	31/2014	
A This retu	urn/report is for:	X a single-employer plan		er plan (not multiemployer) (Fiployer information in accorda	-	
		a one-participant plan	a foreign plan			
<b>B</b> This retu	rn/report is	the first return/report	the final return/repo	ort		
		an amended return/report	a short plan year re	eturn/report (less than 12 mo	onths)	
C Check b	ox if filing under:	X Form 5558	automatic extension	on	DFVC pi	ogram
		special extension (enter des	cription)			
Part II	Basic Plan Inf	ormation—enter all requested i	nformation			
1a Name o		·			<b>1b</b> Three-digit	
NORTHPOR	T PHYSICAL THER	APY, PC 401(K) PS PLAN			plan numbe	
				-	(PN) •	002
					1c Effective da	te of plan 1/01/2011
	onsor's name and a PHYSICAL THERA	ddress; include room or suite num APY, PC	ber (employer, if for a sin	gle-employer plan)		lentification Number 1-3319073
						elephone number 1-261-0444
389 FORT SA NORTHPORT	LONGA ROAD , NY 11768			-		ode (see instructions)
-	· 					21340
3a Plan ad	Iministrator's name	and address XSame as Plan Spor	nsor.		<b>3b</b> Administrat	or's EIN
name,	EIN, and the plan n	ne plan sponsor has changed since umber from the last return/report.	e the last return/report file	ed for this plan, enter the	4b EIN	
a Sponso		and the headers's and the also come			4c PN	
_		s at the beginning of the plan year		H	5a	11
		s at the end of the plan year		H	5b	15
comple	te this item)	account balances as of the end o			5c	13
<b>d(1)</b> Tota	I number of active p	articipants at the beginning of the	olan year		5d(1)	8
<b>d(2)</b> Tota	al number of active p	articipants at the end of the plan y	ear		5d(2)	9
<b>e</b> Number	of participants that	terminated employment during the	plan year with accrued b		5e	C
		or incomplete filing of this retu		ed unless reasonable caus	sa is astablished	
Under pena SB or Schee	Ities of perjury and o	other penalties set forth in the instr and signed by an enrolled actuary,	uctions, I declare that I ha	ave examined this return/repo	ort, including, if a	oplicable, a Schedule
		d/valid electronic signature.				
HERE	Signature of plan	administrator	Date	Enter name of individu	al signing as plar	administrator
SIGN						
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	al signing as emr	loyer or plan sponsor
D						
Preparer's r	iame (including iim	name, if applicable) and address (	include room or suite nui	liber ) (optional)	Freparer S telepi	one number (optional)

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b	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable or the c	an indeper and condit	ndent qualified public accountations.)	int (IQ	PA)		X Yes [	No No
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No Not determine	ined
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year	
	Total plan assets	7a	223				44407	
	Total plan liabilities	7b	223	0			44407	7
	Net plan assets (subtract line 7b from line 7a)	7c		040				/
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)	30	061				
	(2) Participants	8a(2)	177					
	(3) Others (including rollovers)	8a(3)		0				
	Other income (loss)	8b	12	221				_
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					22061	1
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					(	0
	Net income (loss) (subtract line 8h from line 8c)	8i					22061	1
_ J	Transfers to (from) the plan (see instructions)	8j		0				
Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Chara	cterist	tic Cod	les in t	he instructions:	
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulity)	uciary Corr	ection Program)	10a		Χ		0
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X		0
C	Was the plan covered by a fidelity bond?			10c	X			20000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	<u></u>		10d		X		0
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X		0
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		0
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		X		0
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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			10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X No
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	<u> </u>	0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes	X 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 6	enter th Day		ng 

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If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 5500), and skip to line 13.			
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 X N/A
Part	VII Plan Terminations and Transfers of Assets		_		
13a	Has a resolution to terminate the plan been adopted in any plan year?		\	'es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer t	this year	13a		(
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?		ler the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the p	olan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	<b>13c(3)</b> 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

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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part	on benew Guaranty Corporation	<ul> <li>Complete all entries in</li> </ul>	accordance with the in	structions to the Form	5500-SF.	Public Inspection
		t Identification Information fiscal plan year beginning	1 1/1/2014			
***************************************			() [/25] [**	and ending	12/3	31/2014
A This	return/report is for:		a multiple-employer a foreign plan	r plan (not multiemploye	rr)	
<b>B</b> This r	return/report is	the first return/report an amended return/report	the final return/repor	t um/report (less than 12	months)	
C Chec	ck box if filing under:	Form 5558	automatic extension			
• Crec	.x oux is siling under:	special extension (enter descr	_	}	l D	FVC program
Part II	I │ Basic Plan Info	ormation—enter all requested inf	formation		·····	
	ne of plan	erapy, PC 401(k) PS Plan			(PN)	number 002
					1c Effec	tive date of plan
1 4007 2113	porti riyardar i ricia	dress; include room or suite numbe py, PC	er (employer, if for a single	e-employer plan)	2b Empli	1/1/2011  Oyer Identification Number  113319073
389 F	ort Salonga Road				2c Spon	sor's telephone number
Northp	oort	NY			2d Busin	6312610444 ess code (see instructions)
11768					ac Dusti	621340
Ja Plan	administrator's name an	d address Same as Plan Sponso	OF,		3b Admir	nistrator's EIN
4 If the	name and/or EiN of the	plan sponsor has changed since the	e ast return/report filed (	or this observed at		
1 162) 1 13	e, EIN, and the plan num sor's name	nber from the last return/report.	o tast retains epoit med p	or one plant, entire the	4b EIN	
		at the beginning of the plan year			4c PN	
<b>b</b> Total	number of participants a	at the end of the plan year			5a 5b	11 15
C Numb	ber of participants with a lete this item)	ccount balances as of the end of th	e plan year (defined bene	ifit plans do not	50 5c	13
		icipants at the beginning of the plan			5d(1)	8
G(Z) Tot	tal number of active part	icipants at the end of the plan year,	***************************************	******************	5d(2)	9
less th	er of participants that ten nan 100% vested	minated employment during the pla	n year with accrued bene	fits that were	5e	0
		incomplete filling of this return/r	eport will be assessed o			shed.
belief, it is t	equie MB completed and Irue, correct, and comple	signed by an enrolled actuary, as	well as the electronic vers	sion of this return/report	and to the be	est of my knowledge and
SIGN			10/10015	GENTIN	· <	
HERE	Signature of plan ad-	rotentim	Date	Enter name of individu	ial signing as	nlan administrator
SIGN HERE			10/1/2015	Grentine		
/ (* / / / )	Signature of employe	r/plan sponsor	Date		***************************************	employer or plan sponsor
roparoi se	name (meaning mini hai	ne, if applicable) and address (inclu	ide room or suite number	) (optional)	Preparer's tel	ephone number (optional)
						,

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	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can	of an independ y and condition in <b>ot use Fo</b> rr	lent qualified public accounts.)	inlant lead u	(IQPA	) rm 550:		
,	C If the plan is a defined benefit plan, is it covered under the PBGC	insurance pro	xgram (see ERISA section	4021	)?	Yes	No No	ot determined
LE	Part III   Financial Information							
	Plan Assets and Liabilities		(a) Beginning of '	/ear	T	************************	(b) End of \	/ear
	a Total plan assets	7a		22:	346		***************************************	44407
	b Total plan liabilities	- 7b			0			0
8	Net plan assets (subtract line 7b from line 7a)	. 7c		223	346			44407
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount	····			(b) Total	
	(1) Employers	. 8a(1)					, 1 (1)	
*******	(2) Participants	8a(2)			261			
	(3) Others (including rollovers)	8a(3)		_177	73	* 2.5°		**************************************
t	Other income (loss)	8b		12	21			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			*+			
d	Benefits paid (including direct rollovers and insurance premiums					· · ·		22061
e	to provide benefits)	8d			0			
	(see instructions)	8e			0			
q	Administrative service providers (salaries, fees, commissions)	8f		·····	0	<del></del>	,	
	Other expenses  Total expenses (add lines 8d, 8e, 8f, and 8g)	8g			0	·····	<u> </u>	······································
<u>;;</u>	Net income (loss) (subtract line 8h from line 8c)	8h -						0
j	Transfers to (from) the plan (see instructions)	8i <u>- </u>		· ,			<del></del>	22061
Pa	irt IV Plan Characteristics	<u>8j</u>			<u> </u>			<i>'</i>
Par	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes :	TOIN THE LIST OF Plan Chara	acleris	itic Co	des in th	xe instructions:	
10	During the plan year:		-		Т	T T		·
	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Correction	on Program)	10a	Yes	No ✓	Amo	
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	Da not inali	da transasti.	10b		<i>y</i>		<u>0</u>
C	Was the plan covered by a fidelity bond?			10c	7			20000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi	delity bood ti	net use caused by froud	10¢	<b>-</b>			20000
	Were any fees or commissions paid to any brokers agents or other	r narenne hu	The land of the same and a	10d		<b>4</b>		0
	instructions.)	f the benefits	under the plan? (See	10e		1		0
f	Has the plan failed to provide any benefit when due under the plan?			101		✓		0
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.).	>>/////	10g		7	***************************************	0
h 	2520.101-3.)		j	10h		1	14.4	
- 1	in 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	remisted noti	co or one of the	10i				· · · · · · · · · · · · · · · · · · ·
Part						***************************************		<del>\</del>
11	is this a defined benefit plan subject to minimum funding requiremen 5500) and line 11a below)		24127444444444			le SB (	Form 7	/es // No
11a	Enter the unpaid minimum required contribution for current year from	n Schedule Si	B (Form 5500) line 39		1	1a		
12	is this a defined contribution plan subject to the minimum funding re- (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below as	quirements o	f section 412 of the Code	or sec	ation 3		·····	'es 🛛 No
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver	amortized in t	his plan year, see instruct	tions,	and er		date of the letter	ruling
				1		Day	Year	

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If you completed line 12a, complete lines 3, 9, and 10 o	f Schedule MB (Form 5500), and skip to line 13.		······································	<del></del>	
b Enter the minimum required contribution for this plan ye	а		12b		
C Enter the amount contributed by the employer to the pla	in for this plan year		12c	T	***************************************
d Subtract the amount in line 12c from the amount in line negative amount)	12b. Enter the result (enter a minus eign to the left	of a	12d		
e Will the minimum funding amount reported on line 12d b	e met by the funding deadline?			Yes	Π No Π N/A
Part VII Plan Terminations and Transfers of A			···········	<u> </u>	
13a Has a resolution to terminate the plan been adopted in any p	dan year?		П	es XN	o
If "Yes," enter the amount of any plan assets that reverte					······································
b Were all the plan assets distributed to participants or ber of the PBGC?	neficiaries, transferred to another plan, or brought t	under the co	ontrol		∏ Yes 🕅 No
C If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instruction)	sferred from this plan to another plants) identify the	e plan(s) to			
13c(1) Name of plan(s):		130	(2) EII	V(s)	13c(3) PN(s)
		***************************************		····	
Part VIII Trust Information (optional)		· · · · · · · · · · · · · · · · · · ·	~~~		
4a Name of trust		14	4b Tr	ıst's EIN	
		Whencomme			
		Halladore			
		<u></u>			