For	rm 5500-SF	Short Form Annual		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
		This fame is non-viewed to be fi		and 1005 of the Employe	_		2012
						of	
			Ŷ.	,	0-SF.	Ins	spection
Part I	Annual Report Id						
For calend	ar plan year 2012 or fisca)12	and ending 1	2/31/	2012	
A This ref	turn/report is for:	a single-employer plan	a multiple-employe	r plan (not multiemployer)		a one-partici	pant plan
B This ref	turn/report is:	the first return/report	the final return/repo	rt			
		an amended return/report	a short plan year re	urn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extensio	ı		DFVC progra	am
			,				
Part II		nation—enter all requested infor	mation		41.		
1a Name MVP 401(K)	•				dr	plan number	001
					1c	Effective date of	•
		ess; include room or suite number	(employer, if for a sing	le-employer plan)	2b		
	ARD ST W STE 100				2c		
FIRCREST,					2d		
3a Plan a	dministrator's name and	address Same as Plan Sponsor	Name Same as F	lan Sponsor Address	3b		
MVP PHYSIC	AL THERAPY, INC.				20		
	•		e last return/report file	for this plan, enter the	4b	EIN	
a Spons	or's name				4c	PN	
					5a	_	101
					5b		0
comp	lete this item)				5c		0
			,	,			X Yes No
							X Yes No
lf you	answered "No" to eithe	er line 6a or line 6b, the plan car	not use Form 5500-	SF and must instead use	Form	5500.	
SB or Sche	edule MB completed and	signed by an enrolled actuary, as					
SIGN	Filed with authorized/val	lid electronic signature.	04/08/2013	KELLY LENARD			
HERE	Signature of plan adm	ninistrator	Date	Enter name of individ	ual sig	gning as plan adr	ninistrator
SIGN							
HERE	Benefit Plan Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information and ending 12/31/2012 Interport Identification Information and ending 12/31/2012 Introduction of the first ending of the first endithe first ending of the first ending of the first e						
Preparer's	name (including firm nam	ne, if applicable) and address; inclu	ude room or suite nur	ber (optional)	Prep	parer's telephone	number (optional)
For Paperw	ork Reduction Act Notice a	and OMB Control Numbers, see the in	nstructions for Form 55	00-SF.			Form 5500-SF (2012)

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	. 7a	173139	6			0
b Total plan liabilities	. 7b	411	2			0
C Net plan assets (subtract line 7b from line 7a)	. 7c	172728	4			0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	- (1)		~			
(1) Employers	. 8a(1)		0			
(2) Participants	. 8a(2)		0			
(3) Others (including rollovers)	. 8a(3)		0			
b Other income (loss)	. 8b	4336	0	_		
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	. 8c			_		43360
to provide benefits)	. 8d	177064	4			
e Certain deemed and/or corrective distributions (see instructions)	. 8e		0			
f Administrative service providers (salaries, fees, commissions)	. 8f		0			
g Other expenses	. 8g		0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					1770644
i Net income (loss) (subtract line 8h from line 8c)	. 8i					-1727284
j Transfers to (from) the plan (see instructions)	. 8j					
Part IV Plan Characteristics						
3D 2E 2F 2J 2K 2G 2T b If the plan provides welfare benefits, enter the applicable welfare f Part V Compliance Questions	eature codes	s from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
				Yes	No	American
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) 			10a	163	X	Amount
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	t? (Do not in	clude transactions reported	10b		Х	
C Was the plan covered by a fidelity bond?			10c	Х		250000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	d, that was caused by fraud	100		х	250000
 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		72
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 a	as of year en	d.)	10a		Х	
 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 			10h	х		
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				X		
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "Ye	es," see instructions and com	plete	Scheo	lule SE	3 (Form
11a Enter the amount from Schedule SB line 39					11a	
Enter the amount norm conectate OD time communication						
	requiremen	ts of section 412 of the Code	or se	ection 3	302 of	ERISA? Yes 🗙 No
			e or se	ection :	302 of	ERISA?
12 Is this a defined contribution plan subject to the minimum funding	, as applicat	ble.) d in this plan year, see instruc	ctions			ne date of the letter ruling
 Is this a defined contribution plan subject to the minimum funding (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 bei 	ng amortized	ole.) d in this plan year, see instruc Mon	ctions		enter th	ne date of the letter ruling

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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 (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 th of the PBGC?	e control		X Yes	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	I3c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3)	PN(s)
OPTIN	/IIS CORPORATION 401(K) PROFIT SHARING PLAN 56-2	571614		001	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⁻	Trust's EIN		

Form 5500-SF	Short Form Annual R	eturn/Report of Benefit Plan	Small Employ	68	OMB Nos. 1210-0110 1210-0089
Department of the Trossury Internal Rovenue Sarvice	This form is required to be file		2012		
Department of Lobor Employee Banolis Socurity Administration	Retirement Income Security Act of the Interne	a) of This	Form is Open to Public inspection		
Pension Benefit Guaranty Corporation	E Complete all entries in accor	dance with the instruct	ions to the Form 5500	-SF,	unio en antico en antico en an
Part I Annual Report	Identification Information	1/01/2012	and ending	12/31	/2012
	X a single-employer plan	a mulliple-employer pla	the former of the former of the second se	🗍 a one	-participant plan
A This return/report is for:	the first return/report		i fior manoriproj etj		. , .
3 This return/report ls:	님 : 27	a short plan year return/	report (less lhan 12 mo	nlhs)	
	an amended return/report	automatic extension	Topon (noo mon to mo		C program
Check box if filing under;	special extension (enter description)	1		L	
	And an	a long propin the state of the		*****	
Part II Basic Plan Info	rmation-enter all requested inform	lanon		1b Three-d	igit
MVP 401 (K) PLAN				plan nu	mber 001
				(PN) P	e date of plan
				01/01	
a Ellan enonvor's name and ad	dress; include room or sulte number (employer, if for a single-e	employer plan)	2b Employ	er Identification Number
Myp Physical Therapy	y, Inc.	4 () () () () () () () () () (, , , , ,	(EIN) 9	1-1730248
 All Constraints of the Constraint of the Constraints of t					r's telephone number
4040 Orchard St. W.	, Ste 100			and the second s	64-1560
	WA 98466			20 Busines 62134	s code (see Instructions)
Fircrest		Name Ramo as Plan	Sponsor Address	3b Adminis	
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address MVP PHYSICAL THERAPY, INC.					730248 Mrator's telephone number
4040 ORCHARD ST. W. FIRCREST	WA 98466				
4 If the name and/or EIN of the name, EIN, and the plan nu	e plan sponsor has changed since lhe mber from the last return/report,	e last return/report filed fo	r this plan, enter the	4b EIN	**************************************
a Sponsor's name				4C PN	1.0
	at the beginning of the plan year			5a	10
	at the end of the plan year			5b	
C Number of participants with complete this item)	account balances as of the end of the	s plan year (delined belle	nt highs on not	5c	
6a Were all of the plan's asset	s during the plan year invested in elig	ible assets? (See instruc	lions.)		X Yes N
h Are you elaiming a walvar o	the annual examination and report of	of an independent qualifie	d public accountant (1Q	PA)	X Yes 🗌 N
under 29 CFR 2520.104-46	? (See instructions on walver eligibilit other line 6a or line 6b, the plan car	y and conditions.)	and must instead use	Form 5600.	
If you answered "No" to e	or incomplete filing of this return/r	aport will be assessed i	unless reasonable cau	use is establis	shød.
It to a state a file a strend up a mail of	ther econolities and forth in the instruction	one i declare that I have	examined this return/re	port. Including	, if applicable, a Schedule
SB or Schedule MB completed a belief, it is true, correct, and com	ind signed by an enrolled actuary, as	well as the electronic ver	sion of this return/repor	l, and to the b	est of my knowledge and
SIGN Stelles	The state of the s	04/08/13	KELLY LENARD		
HERE Signature af pian	idministrator	Date	Enter name of individ	lual signing as	plan administrator
and the second	and a second		a second s		
SIGN HERE Signature of emply	oyer/plan sponsor	Date	Enter name of Individ	lual signing as	employer or plan sponsor
Preparer's name (including firm	name, if applicable) and address; incl		r (optional)		elephone number (optional
P. P. And Maller Aut Mail	ice and OMB Control Numbers, soo the l	instructions for Form 6500	SF.	a merela yana biyan	Form 5500-SF (201

v 120126

Form 5600-SF 2012

Part III Financial Information 7 Plan Assets and Liabilities		(a) Beginning of Year		T		(b) End of Year
Plan Assets and Liabilities (a) Beginning of Yea a Total plan assets				i		0
a Total plan assets	76		411.2	2		0
C Net plan assets (subtract line 7b from line 7a)	7284	1		0		
And Anne street						(b) Total
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		Contraction of the second s				all all and protocols and an an a
(1) Employers	8a(1)			J		
(2) Participants	8a(2)			1-		
(3) Others (including rollovers)	8a(3)		1	.)	*******	
b Other income (loss)	3360			43360		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	and the second		*	منبوتحصيد	4330¢
d Benefits paid (Including direct rollovers and insurance premiums to provide benefits).	8d	1.77	064	4		
e Certain deemed and/or corrective distributions (see instructions)	80	مت بين المركبينية من حالية المركبينية المركبينية		-	- in the second	einene
f Administrative service providers (salaries, fees, commissions)	8f		~			
g Other expenses	89	مىرىيى بىرىيىتى <u>شەرىمىيە ب</u> ەرىمىيە		0		2.00CA
h Total expenses (add lines 8d, 8e, 81, and 8g)	8h	- the second state of the		-		1770644
i Net Income (loss) (subtract line 8h from line 8c)	61		WR crist	-		-112120
J Transfers to (from) the plan (see Instructions)	8		ببيناتصاد	-		
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2J 2K 2G 2T						
b If the plan provides welfare benefits, onter the applicable welfare for	saturo codes	from the List of Plan Charac	loneli	c Çod	es in Ini	e instructions;
Part V Compliance Questions			ومحمد			ومعوده المتعاون والمعاور والمتكر والمستعودين أوروا
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fide)	uclary Correc	tion Program)	10a		X	er an
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					x	
c Wes the plan covered by a fidelily bond?				Х		25000
d Did the plan have a loss, whether or not reimbursed by the plan's or distonestly?	fidelily bond	, that was caused by fraud	10d)		х	
e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all	 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.) 					7
f Has the plan failed to provide any benefit when due under the pla			10f		X	
g Did the plan have any participant loans? (If "Yes," enler amount a	the second se		100		X	
 If this is an individual account plan, was there a blackout period? 2520.101-3.) 	(See Instruct	llons and 29 CFR	10h	х		
 If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 	the required r	notice or one of the	101	x		
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan sublect to minimum funding requirer	nents? (if "Ye	es," see instructions and com	nplete	Sche	Jule SB	(Form
660B and line 112 DelCW1		Construction of the second sec			11a	
5500) and line 11a below)			110101-00	and a second		the second s
11a Enter the amount from Schedule SB line 39		ts of section 412 of the Code	3 OF 80	ction	302 of 1	ERISA? Yes X N
11a Enter the amount from Schedule SB line 39 12 Is this a defined contribution plan subject to the minimum fundin	n tequiremen	ts of section 412 of the Code	9 OI 80	sction	302 of 1	ERISA? Yes X N
11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum fundin (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is be	g requiremen w, as applicat	its of section 412 of the Code ple.) d in this plan year, see instru	e or so cilons	ction		
11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum fundim (if "Yes" complete line 12a or lines 12b, 12c, 12d, and 12a below	g requiremen w, as applicat ling amorilzed	its of section 412 of the Code ale.) d in this plan year, see instru Mor	e or se cilons	ction	enter th	e dale of the letter ruling

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Form 5500-SF 2012 Page 3 -						
				Last line and some state	_	
C Enter the amount contributed by the employer to the plan for this plan year	MANY STREET, ST	12¢				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount).	to the left of a	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		mine	Yes	NO I	N/A	
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?	10000222001A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1) []`	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, of the PBGC?	control		X Yes	No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.)						
13c(1) Name of plan(s):	1	3c(2) E	IN(s)	13c(3) Pl	I (s)	
OPTIMIS CORPORATION 401(k) PROFIT SHARING PLAN	5 (5-257	1614	001		
Part VIII Trust Information (optional)						
14a Namè of trust	anter and distant	14b т	rust's EIN			