# Form 5500

**Department of the Treasury**
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2014**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
INTERFACE REHAB, INC. 401(K) RETIREMENT SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1996

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
INTERFACE REHAB, INC.

774 S. PLACENTIA AVE
STE. 200
PLACENTIA, CA 92870

**2b** Employer Identification Number (EIN)
33-0687103

**2c** Plan Sponsor's telephone number
714-646-8310

**2d** Business code (see instructions)
621399

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/29/2015 | JANSEN VU |
| | **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 |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

Preparer's telephone number (optional)

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** EIN | 27-4288807 |
| **a** Sponsor's name<br>INTERFACE REHAB, LLC. | **4c** PN | 001 |
| **5** Total number of participants at the beginning of the plan year | **5** | 823 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 764 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 944 |
| **b** Retired or separated participants receiving benefits | **6b** | 1 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 90 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 1035 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 1035 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 382 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 49 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2J 2K 2E 2T 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2014**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
INTERFACE REHAB, INC. 401(K) RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
INTERFACE REHAB, INC.

**D** Employer Identification Number (EIN)
33-0687103

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

**(b)** Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 37 60 64 65 | RECORDKEEPER | 18991 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|---|
| ALZGI NFJ DIV VL ADM - BOSTON FINA | 330 W. 9TH STREET<br>KANSAS CITY, MO 66160 | 0.35% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|---|
| ALZGI NFJ SMCPVL ADM - BOSTON FINA | 330 W. 9TH STREET<br>KANSAS CITY, MO 66160 | 0.35% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|---|
| ARTISAN MID CAP VAL - BOSTON FINAN | P.O. BOX 8480<br>BOSTON, MA 02266 | 0.40% |

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| BARON ASSET FUND - DST SYSTEMS, IN<br><br>43-1581814 | 0.40% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| JANUS FORTY S - JANUS SERVICES LLC<br><br>43-1804048 | 0.50% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| PIMCO TOT RETURN ADM - BOSTON FINA P.O. BOX 8480<br>BOSTON, MA 02266 | 0.28% |

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|---|
| ROYCE VALUE PLUS SER - BOSTON FINA | P.O. BOX 8480<br>BOSTON, MA 02266 | 0.45% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|---|
| RS EMERGING MKTS A - BOSTON FINANC | P.O. BOX 8480<br>BOSTON, MA 02266 | 0.55% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|---|
| THORNBURG INT VAL R4 - BOSTON FINA | P.O. BOX 8480<br>BOSTON, MA 02266 | 0.50% |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
INTERFACE REHAB, INC. 401(K) RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
INTERFACE REHAB, INC.

**D** Employer Identification Number (EIN)
33-0687103

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 159074 | 129135 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 224538 | 208829 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 6232936 | 7710509 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | 0 | 0 |
| | **(2)** Employer real property | 1d(2) | 0 | 0 |
| **e** | Buildings and other property used in plan operation | 1e | 0 | 0 |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 6616548 | 8048473 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 0 | 0 |
| **h** | Operating payables | 1h | 0 | 0 |
| **i** | Acquisition indebtedness | 1i | 0 | 0 |
| **j** | Other liabilities | 1j | 0 | 0 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 6616548 | 8048473 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 154349 | |
| | **(B)** Participants | 2a(1)(B) | 1727066 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 100338 | |
| | **(2)** Noncash contributions | 2a(2) | 0 | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1981753 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 14 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| | **(E)** Participant loans | 2b(1)(E) | 9635 | |
| | **(F)** Other | 2b(1)(F) | 0 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 9649 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| | **(B)** Common stock | 2b(2)(B) | 0 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 552017 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 552017 |
| | **(3)** Rents | 2b(3) | | 0 |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | 0 | |
| | **(B)** Other | 2b(5)(B) | 0 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -171092 |
| **c** Other income | 2c | | 0 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2372327 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 884974 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 884974 |
| **f** Corrective distributions (see instructions) | 2f | | 33959 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 2444 |
| **h** Interest expense | 2h | | 0 |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 0 | |
| (3) Investment advisory and management fees | 2i(3) | 0 | |
| (4) Other | 2i(4) | 19025 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 19025 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 940402 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1431925 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 0 |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: SQUAR MILNER LLP **(2)** EIN: 33-0835986

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | X | | 71051 |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | X | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

## Part V Trust Information (optional)

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
INTERFACE REHAB, INC. 401(K) RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
INTERFACE REHAB, INC.

**D** Employer Identification Number (EIN)
33-0687103

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1**

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6 a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11 a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):




Certified Public Accountants
and Financial Advisors

**Interface Rehab, Inc. 401(k)**
**Retirement Savings Plan**
Financial Statements and
Supplemental Schedules
December 31, 2014 and 2013

# INDEX TO FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Independent Auditors' Report ..... 1

Statements of Net Assets Available for Benefits ..... 3

Statement of Changes in Net Assets Available for Benefits ..... 4

Notes to Financial Statements ..... 5

Supplemental Schedules*

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions ..... 15

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) ..... 16

*Note: Schedules other than those listed above have been omitted because the information is otherwise disclosed, not applicable or not required by 29 CFR 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

squarmilner
Certified Public Accountants
and Financial Advisors

Squar Milner LLP

# INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Interface Rehab, Inc. 401(k) Retirement Savings Plan

## Report on the Financial Statement

We were engaged to audit the accompanying financial statements of Interface Rehab, Inc. 401(k) Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2014, and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 1; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditor's Responsibility*

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### *Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the Trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan administrator by the Trustee is complete and accurate.

***Disclaimer of Opinion***

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

***Basis of Accounting***

We draw attention to Note 1 to the financial statements, which describe the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

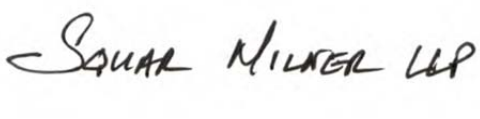
***Other Matter***

The supplemental schedules, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2014, and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (modified cash basis) as of December 31, 2014 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

**SQUAR MILNER LLP**



Los Angeles, California
September 25, 2015

# INTERFACE REHAB, INC. 401(k) RETIREMENT SAVINGS PLAN
## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
## December 31, 2014 and 2013

| | 2014 | 2013 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value: | | |
| Money market fund | $ 129,135 | $ 159,074 |
| Mutual funds | 7,710,509 | 6,232,935 |
| | 7,839,644 | 6,392,009 |
| Receivables: | | |
| Notes receivable from participants | 208,829 | 224,538 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | **$** 8,048,473 | **$** 6,616,547 |


*The accompanying notes are an integral part of these financial statements.*

# INTERFACE REHAB, INC. 401(k) RETIREMENT SAVINGS PLAN
## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
## For the Year Ended December 31, 2014

| | |
|---|---|
| **ADDITIONS** | |
| Investment income: | |
| Net depreciation in fair value of investments | $ (171,092) |
| Interest and dividends | 552,031 |
| Total investment income | 380,939 |
| Contributions: | |
| Employee | 1,727,066 |
| Employer | 154,349 |
| Rollover | 100,338 |
| | 1,981,753 |
| Interest income on notes receivable from participants | 9,635 |
| Total net additions | 2,372,327 |
| **DEDUCTIONS** | |
| Participant withdrawals | 884,974 |
| Corrective distributions | 33,959 |
| Deemed distributions on participant loans | 2,444 |
| Administrative expenses | 19,024 |
| Total deductions | 940,401 |
| **NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS** | 1,431,926 |
| **NET ASSETS AVAILABLE FOR BENEFITS – beginning of year** | 6,616,547 |
| **NET ASSETS AVAILABLE FOR BENEFITS – end of year** | $ 8,048,473 |

## 1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES

The following description of Interface Rehab, Inc. 401(k) Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### *General*

The Plan is a defined contribution plan, which became effective on December 29, 2008, to provide retirement benefits for eligible employees of Interface Rehab, Inc. (the "Company"). The Company is the Plan Administrator and Plan Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Fidelity Management Trust Company ("Fidelity") is the trustee ("Trustee") of the Plan's assets.

### *Basis of Accounting*

The financial statements of the Plan are prepared under the modified cash basis method of accounting. Under this method, income including interest on notes receivable from participants, is generally recognized when received and expenses are generally recognized when paid. Investments have been recorded at their fair market values. Accordingly, these statements are not intended to purport financial position or the results of operations in conformity with accounting principles generally accepted in the United States of America.

### *Eligibility*

The Plan covers all employees of the Company. Employees become eligible to make contributions to the Plan when they have completed three months of service and attained the age of 21, except leased employees and employees whose employment is governed by a collective bargaining agreement.

### *Plan Administration*

The Company and certain members of management are the Plan administrator, and are responsible for monitoring and maintaining the individual participant account balances.

### *Contributions*

Each year, participants may contribute up to 90% of eligible compensation, as defined in the Plan, up to the Internal Revenue Service dollar limitation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans.

**1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES** (continued)

***Contributions*** (continued)

Each plan year, the Company may make a discretionary matching contribution of a percent to be determined annually based on a percentage of each participant's deferral contributions. The Company may also make a discretionary profit sharing contribution.

For the year ended December 31, 2014, the Company made a discretionary matching contribution of 25% of each participant's deferral up to a maximum of 4% of each participant's total compensation. The Company did not make any discretionary profit sharing contribution for the year ended December 31, 2014.

***Participant Accounts***

Each participant's account is credited with the participant's contributions and allocation of (a) the Company's contribution, if any, and (b) Plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

***Vesting***

Participants are immediately fully vested in their contributions plus actual earnings thereon.

The Company's profit sharing and matching contributions and earnings thereon will be vested in accordance with the following schedule:

| Years of Service | Percentage |
|---|---|
| Less than 2 | 0% |
| 2 | 20% |
| 3 | 40% |
| 4 | 60% |
| 5 | 80% |
| 6 or more | 100% |

***Investment Programs***

Participants are able to direct the investment of their accounts (including Company matching and profit sharing contributions) among any of the available funds. The available funds as of December 31, 2014 are listed in the supplemental Schedule of Assets (Held at End of Year).

**1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES** (continued)

***Notes Receivable from Participants***

Participants may borrow from their fund accounts, a minimum of $1,000 up to a maximum equal to the lesser of (a) $50,000 reduced by the highest outstanding loan balance in the participant's account during the prior twelve-month period or (b) 50% of the participant's vested interest in the Plan.

All loans shall bear a reasonable rate of interest which shall remain fixed throughout the duration of the loan. All loans must be repaid on at least a quarterly basis over a five-year period unless it is for the purchase of a principal residence, in which case the loan repayment period may not extend beyond 10 years from the date of the loan. A participant may only have one loan outstanding at any given time. If a participant has an existing loan, the participant may not apply for another loan until the existing loan is paid in full. The interest rate on borrowings was 5% per annum as of December 31, 2014 and 2013.

Notes receivable from participants are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded for loans to participants. If a participant ceases to make loan repayments and the Plan Administrator deems the participant's loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

***Hardship Withdraws***

Participants are permitted to withdraw, in a single sum, the employee contribution portion of their account balance, under certain conditions. These conditions include unreimbursed medical expenses, the purchase of the participants' principal residence, the payment of postsecondary education tuition, or to prevent eviction or foreclosure from the participant's principal residence. A participant's right to make deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal. Hardship withdrawals totaled $31,340 for the year ended December 31, 2014.

***Benefit Payments***

A distribution can be made to a participant, if requested, due to death, disability, retirement, or termination of employment from the Company. This distribution may be deferred until a later date. When the distribution is requested, the vested account balance will be distributed in a lump sum as either (a) a cash distribution, (b) a direct rollover distribution or (c) a combination cash distribution and direct rollover distribution. However, the distribution cannot be postponed if the participant's vested account balance is $1,000 or less. In this case, the vested balance will be distributed as a lump sum without the participant's consent. Upon reaching the age of 59½, the participant may request an "in-service" distribution.

**1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES** (continued)

***Corrective Distributions***

During 2014, the Plan refunded $33,959 to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. The refunds are reflected in the accompanying statement of changes in net assets available for benefits as corrective distributions.

***Forfeitures***

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. These forfeited amounts are used to reduce the Company's contributions to the Plan. As of December 31, 2014 and 2013, forfeited nonallocated amounts were $17,597 and $7,241, respectively. For the year ended December 31, 2014, $23,330 of forfeitures were used to reduce the Company's contributions.

***Plan Termination***

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to provisions of ERISA. In the event of Plan termination, participants will become 100% vested in any employer contributions.

***Administrative Expenses***

The Trustee assumes the administrative costs of the Plan with the exception of certain expenses, such as loan processing fees, which are paid directly by the participants in the Plan, and other administrative expenses of the Plan, such as audit fees, which are paid by the Company. The payment of administrative expenses by the Company and the Plan constitutes an exempt party-in-interest transaction as defined by ERISA. For the year ended December 31, 2014, costs paid by the Plan were $19,024.

***Use of Estimates***

The preparation of financial statements in conformity with generally accepted accounting principles ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

**1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES** (continued)

***Valuation of Investments and Income Recognition***

Investments are stated at fair value. The fair value in mutual funds and money market fund are based upon quoted market prices of the underlying investments. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded when received. The net realized and unrealized gains and losses are reflected in the statement of changes in net assets available for benefits as net appreciation (depreciation) in the fair value of investments.

***Risks and Uncertainties***

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits and the statement of changes in net assets available for benefits.

***Plan Amendment***

Effective January 1, 2014, the Plan was amended to change the name from "Interface Rehab LLC 401(k) Retirement Savings Plan" to "Interface Rehab, Inc. 401(k) Retirement Savings Plan."

Effective May 11, 2014 the Plan was amended to add Maxum Physical Therapy, Inc., (a company under common ownership of the Plan Sponsor) as a participating employer to the Interface Rehab, Inc. 401(k) Retirement Savings Plan.

Effective November 17, 2014 the Plan was amended to add certain independent contractors to participate in the Plan.

***Subsequent Events***

The Plan has evaluated subsequent events through September 25, 2015, the date the financial statements were available to be issued.

## 1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES (continued)

***Recent Accounting Pronouncement***

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-12, Plan Accounting: Defined Benefit Pension Plans, Topic 960; Defined Contribution Plans, Topic 962; and Health and Welfare Benefit Plans, Topic 965: Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient. The following is a summary of the revised guidance contained in ASU 2015-12:

Part 1 amendments designate contract value as the only required measure for fully benefit-responsive investment contracts; Part II amendments eliminate the requirement that plans disclose: (a) individual investments that represent 5 percent or more of net assets available for benefits; and (b) the net appreciation or depreciation for investments by general type requirements for both participant-directed investments and nonparticipant-directed investments. Part III amendments provide a practical expedient to permit plans to measure investments and investment-related accounts (e.g., a liability for a pending trade with a broker) as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end.

The amendments are effective for all plan years beginning after December 15, 2015. Earlier application of any or all of the three parts is permitted. The amendments in Part I and Part II should be applied retrospectively for all financial statements presented, and the amendments in Part III should be applied prospectively. This ASU should not change the Plan's total net assets available for benefits; however, it may affect the presentation of the financial statements and the information contained in the disclosures. Management is currently reviewing the full impact of these amendments and does not expect it to have a significant effect on the Plan's financial statement presentation.

## 2. TAX STATUS

The Plan has adopted the Fidelity Management & Research Co. Prototype Non-Standardized Safe Harbor Profit Sharing Plan with CODA, which has received a favorable opinion letter from the Internal Revenue Service dated October 9, 2003, stating that the written form of the prototype plan is acceptable under the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS.

**2. TAX STATUS** (continued)

The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of the liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions and the Plan could be subject to income tax if certain issues were found by the IRS that could result in the disqualification of the Plan's tax-exempt status; however, there are currently no audits for any tax periods in progress.

## 3. INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

Information regarding the investments at fair value, investment income, notes receivable from participants and interest income thereon, as shown in the accompanying financial statements and supplemental schedule, has been certified by the Trustee as being complete and accurate.

Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA states, in part, that any statement of information prepared and certified by the Custodian need not be audited or reported on by an independent public accountant. Pursuant to that regulation, the Plan Administrator has instructed its independent public accountants, Squar Milner LLP, not to perform any auditing procedures with respect to information certified as complete and accurate by the Trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014.

## 4. INVESTMENTS

The following was derived from information provided and certified by the Trustee (Note 3) and presents investments that represent five percent or more of the Plan's net assets at December 31, 2014 and 2013:

| | 2014 | 2013 |
|---|---|---|
| FID Freedom 2040 | $ 1,206,655 | $ 1,012,204 |
| FID Freedom 2045 | 1,098,104 | 888,968 |
| FID Freedom 2050 | 656,245 | 524,902 |
| FID Contrafund | 637,869 | 533,485 |
| FID Freedom 2035 | 488,524 | 359,718 |
| FID Freedom 2030 | 454,889 | * |

** Less than five percent of the Plan's net assets*

## 5. FAIR VALUE MEASUREMENTS

The Plan adopted the provisions of FASB Accounting Standards Codification 820, *Fair Value Measurements and Disclosures*, or ASC 820, with respect to its investments. ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. ASC 820 establishes a three-level fair value hierarchy that prioritizes the inputs used to measure fair value. This hierarchy requires entities to maximize the use of observable inputs and minimize the use of unobservable inputs.

*Level 1:* Quoted market prices in active markets for identical assets or liabilities that are accessible at the measurement date.

*Level 2:* Inputs other than level 1 that are observable for the asset or liability, either directly or indirectly.

*Level 3:* Unobservable inputs used to measure fair value to the extent that observable inputs are not available.

The following is a description of the valuation methodologies used for the investments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

*Mutual Funds:*

Mutual funds are valued at the net assets value ("NAV") of shares held by the plan at year end and are classified as Level 1 investments.

*Money Market Fund:*

The money market fund is valued at quoted market prices in an exchange and active markets, which represent the net asset values of shares held by the Plan at year-end and are classified as Level 1 investments.

The Plan did not have any Level 2 or 3 measurements as of December 31, 2014 and 2013. There were no transfers between levels during the years ended December 31, 2014 and 2013.

## 5. FAIR VALUE MEASUREMENTS (continued)

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

| | *Asset Fair Value as of December 31, 2014* | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Money market funds | $ 129,135 | $ – | $ – | $ 129,135 |
| Mutual funds | | | | |
| Stock investment – large cap | 1,129,386 | – | – | 1,129,386 |
| Stock investment – mid cap | 679,959 | – | – | 679,959 |
| Stock investment – small cap | 200,871 | – | – | 200,871 |
| Stock investment – international | 208,127 | – | – | 208,127 |
| Stock investment – specialty | 160,128 | – | – | 160,128 |
| Blended investments | 4,858,736 | – | – | 4,858,736 |
| Bond investments | 473,302 | – | – | 473,302 |
| Investments, at fair value | $ 7,839,644 | $ – | $ – | $ 7,839,644 |

| | *Asset Fair Value as of December 31, 2013* | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Money market funds | $ 159,074 | $ – | $ – | $ 159,074 |
| Mutual funds | | | | |
| Stock investment – large cap | 906,684 | – | – | 906,684 |
| Stock investment – mid cap | 576,892 | – | – | 576,892 |
| Stock investment – small cap | 193,358 | – | – | 193,358 |
| Stock investment – international | 176,897 | – | – | 176,897 |
| Stock investment – specialty | 217,034 | – | – | 217,034 |
| Blended investments | 3,711,457 | – | – | 3,711,457 |
| Bond investments | 450,613 | – | – | 450,613 |
| Investments, at fair value | $ 6,392,009 | $ – | $ – | $ 6,392,009 |

## 6. PARTY-IN-INTEREST AND REPORTABLE TRANSACTIONS

Certain Plan investments are registered investment funds and money market funds managed by Fidelity Management Trust Company which also receives loan processing fees. Fidelity Management Trust Company is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions as defined by Department of Labor regulations. Certain administrative expenses were also paid by the Plan (see Note 1)

## 7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate or amend the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

## 8. PROHIBITED TRANSACTION

As required by ERISA Section 2510.3-102, the Plan Sponsor is required to segregate participant contributions from its general assets and remit them to the Plan as soon as practicable, but in no event more than 15 business days following the end of the month in which amounts are withheld from wages.

During 2014, the Plan Sponsor failed to remit certain participant contributions totaling approximately $71,051 within the period prescribed by the Department of Labor due to administrative errors. The Plan Sponsor determined that the total amount owed to affected participants was approximately $41 for potential lost earnings due to the delay, which the plan Sponsor intends to remit to the Plan.

# SUPPLEMENTAL SCHEDULES

# INTERFACE REHAB, INC. 401(k) RETIREMENT SAVINGS PLAN
## SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
## December 31, 2014

| Participant Contributions Transferred Late to Plan | Total that Constitutes Nonexempt Prohibited Transactions | | | Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51 |
|---|---|---|---|---|
| Check here if Late Participant Loan repayments are included : | Contributions Not Corrected | Contributions Corrected Outside VFCP, | Contributions Pending Correction in VFCP | |
| Year ended December 31, 2014 | $ 71,051 | $ – | $ – | $ – |

# INTERFACE REHAB, INC. 401(k) RETIREMENT SAVINGS PLAN
## SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
## (HELD AT YEAR END)
## December 31, 2014

| (a) | (b) Identity of Issuer, Borrower, Lessor or Similar Party | (c) Description of Investment (including rate of interest) | (d) Cost Basis | (e) Current Value |
|---|---|---|---|---|
| * | FID REITRE MMKT | Cash | | $ 129,135 |
| | PIMCO TOT RETURN ADM | Mutual Funds | | 139,989 |
| | BARON ASSET FUND | Mutual Funds | | 67,086 |
| | ALZGI NFJ DIV VL ADM | Mutual Funds | | 97,117 |
| | THORNBURG INT VAL R4 | Mutual Funds | | 61,525 |
| | RS EMERGING MKTS A | Mutual Funds | | 31,833 |
| | ARTISAN MID CAP VAL | Mutual Funds | | 143,653 |
| | ALZGI NFJ SMCPVL ADM | Mutual Funds | | 151,579 |
| | ROYCE VALUE PLUS SER | Mutual Funds | | 49,292 |
| * | FID FIDELITY FUND | Mutual Funds | | 89,139 |
| * | FID CONTRAFUND | Mutual Funds | | 637,869 |
| * | FIDELITY GOVT INCOME | Mutual Funds | | 150,081 |
| * | FID SEL ENERGY | Mutual Funds | | 69,771 |
| * | FID SEL TECHNOLOGY | Mutual Funds | | 90,357 |
| * | FID BALANCED | Mutual Funds | | 175,129 |
| * | FID DISCIPLND EQTY | Mutual Funds | | 27,601 |
| * | FID LOW PRICED STK | Mutual Funds | | 244,555 |
| * | FID FREEDOM INCOME | Mutual Funds | | 33,900 |
| * | FID FREEDOM 2000 | Mutual Funds | | - |
| * | FID FREEDOM 2010 | Mutual Funds | | 8,743 |
| * | FID FREEDOM 2020 | Mutual Funds | | 228,433 |
| * | FID FREEDOM 2030 | Mutual Funds | | 454,889 |
| * | FID HIGH INCOME | Mutual Funds | | 183,232 |
| | JANUS FORTY S | Mutual Funds | | 21,151 |
| * | FID STKSEL LGCAP VAL | Mutual Funds | | 25,766 |
| * | FID FREEDOM 2040 | Mutual Funds | | 1,206,655 |
| * | FID FREEDOM 2005 | Mutual Funds | | 1,469 |
| * | FID FREEDOM 2015 | Mutual Funds | | 125,283 |
| * | FID FREEDOM 2025 | Mutual Funds | | 269,101 |
| * | FID FREEDOM 2035 | Mutual Funds | | 488,524 |
| | SPTN EXT MKT IDX ADV | Mutual Funds | | 224,665 |
| | SPTN INTL INDEX ADV | Mutual Funds | | 114,769 |
| | SPTN 500 INDEX ADV | Mutual Funds | | 230,743 |
| * | FID FREEDOM 2045 | Mutual Funds | | 1,098,104 |
| * | FID FREEDOM 2050 | Mutual Funds | | 656,245 |
| * | FID FREEDOM 2055 | Mutual Funds | | 112,261 |
| | | Total investments | | $ 7,839,644 |
| * | Notes receivable from participants | Interest rate at 5% per annum | | $ 208,829 |

* Represents a party-in-interest




Certified Public Accountants
and Financial Advisors

**Interface Rehab, Inc. 401(k)**
**Retirement Savings Plan**
Financial Statements and
Supplemental Schedules
December 31, 2014 and 2013

# INDEX TO FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Independent Auditors' Report ..... 1

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Statement of Changes in Net Assets Available for Benefits ..... 4

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Supplemental Schedules*

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions ..... 15

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) ..... 16

*Note: Schedules other than those listed above have been omitted because the information is otherwise disclosed, not applicable or not required by 29 CFR 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

squarmilner
Certified Public Accountants
and Financial Advisors

Squar Milner LLP

# INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Interface Rehab, Inc. 401(k) Retirement Savings Plan

## Report on the Financial Statement

We were engaged to audit the accompanying financial statements of Interface Rehab, Inc. 401(k) Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2014, and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 1; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditor's Responsibility*

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### *Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the Trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan administrator by the Trustee is complete and accurate.

***Disclaimer of Opinion***

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

***Basis of Accounting***

We draw attention to Note 1 to the financial statements, which describe the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

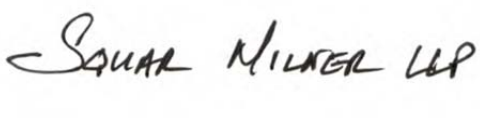
***Other Matter***

The supplemental schedules, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2014, and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (modified cash basis) as of December 31, 2014 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

**SQUAR MILNER LLP**



Los Angeles, California
September 25, 2015

# INTERFACE REHAB, INC. 401(k) RETIREMENT SAVINGS PLAN
## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
## December 31, 2014 and 2013

| | 2014 | 2013 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value: | | |
| Money market fund | $ 129,135 | $ 159,074 |
| Mutual funds | 7,710,509 | 6,232,935 |
| | 7,839,644 | 6,392,009 |
| Receivables: | | |
| Notes receivable from participants | 208,829 | 224,538 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | **$** 8,048,473 | **$** 6,616,547 |


*The accompanying notes are an integral part of these financial statements.*

# INTERFACE REHAB, INC. 401(k) RETIREMENT SAVINGS PLAN
## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
## For the Year Ended December 31, 2014

| | |
|---|---|
| **ADDITIONS** | |
| Investment income: | |
| Net depreciation in fair value of investments | $ (171,092) |
| Interest and dividends | 552,031 |
| Total investment income | 380,939 |
| Contributions: | |
| Employee | 1,727,066 |
| Employer | 154,349 |
| Rollover | 100,338 |
| | 1,981,753 |
| Interest income on notes receivable from participants | 9,635 |
| Total net additions | 2,372,327 |
| **DEDUCTIONS** | |
| Participant withdrawals | 884,974 |
| Corrective distributions | 33,959 |
| Deemed distributions on participant loans | 2,444 |
| Administrative expenses | 19,024 |
| Total deductions | 940,401 |
| **NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS** | 1,431,926 |
| **NET ASSETS AVAILABLE FOR BENEFITS – beginning of year** | 6,616,547 |
| **NET ASSETS AVAILABLE FOR BENEFITS – end of year** | $ 8,048,473 |

## 1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES

The following description of Interface Rehab, Inc. 401(k) Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### *General*

The Plan is a defined contribution plan, which became effective on December 29, 2008, to provide retirement benefits for eligible employees of Interface Rehab, Inc. (the "Company"). The Company is the Plan Administrator and Plan Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Fidelity Management Trust Company ("Fidelity") is the trustee ("Trustee") of the Plan's assets.

### *Basis of Accounting*

The financial statements of the Plan are prepared under the modified cash basis method of accounting. Under this method, income including interest on notes receivable from participants, is generally recognized when received and expenses are generally recognized when paid. Investments have been recorded at their fair market values. Accordingly, these statements are not intended to purport financial position or the results of operations in conformity with accounting principles generally accepted in the United States of America.

### *Eligibility*

The Plan covers all employees of the Company. Employees become eligible to make contributions to the Plan when they have completed three months of service and attained the age of 21, except leased employees and employees whose employment is governed by a collective bargaining agreement.

### *Plan Administration*

The Company and certain members of management are the Plan administrator, and are responsible for monitoring and maintaining the individual participant account balances.

### *Contributions*

Each year, participants may contribute up to 90% of eligible compensation, as defined in the Plan, up to the Internal Revenue Service dollar limitation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans.

**1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES** (continued)

***Contributions*** (continued)

Each plan year, the Company may make a discretionary matching contribution of a percent to be determined annually based on a percentage of each participant's deferral contributions. The Company may also make a discretionary profit sharing contribution.

For the year ended December 31, 2014, the Company made a discretionary matching contribution of 25% of each participant's deferral up to a maximum of 4% of each participant's total compensation. The Company did not make any discretionary profit sharing contribution for the year ended December 31, 2014.

***Participant Accounts***

Each participant's account is credited with the participant's contributions and allocation of (a) the Company's contribution, if any, and (b) Plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

***Vesting***

Participants are immediately fully vested in their contributions plus actual earnings thereon.

The Company's profit sharing and matching contributions and earnings thereon will be vested in accordance with the following schedule:

| Years of Service | Percentage |
|---|---|
| Less than 2 | 0% |
| 2 | 20% |
| 3 | 40% |
| 4 | 60% |
| 5 | 80% |
| 6 or more | 100% |

***Investment Programs***

Participants are able to direct the investment of their accounts (including Company matching and profit sharing contributions) among any of the available funds. The available funds as of December 31, 2014 are listed in the supplemental Schedule of Assets (Held at End of Year).

**1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES** (continued)

***Notes Receivable from Participants***

Participants may borrow from their fund accounts, a minimum of $1,000 up to a maximum equal to the lesser of (a) $50,000 reduced by the highest outstanding loan balance in the participant's account during the prior twelve-month period or (b) 50% of the participant's vested interest in the Plan.

All loans shall bear a reasonable rate of interest which shall remain fixed throughout the duration of the loan. All loans must be repaid on at least a quarterly basis over a five-year period unless it is for the purchase of a principal residence, in which case the loan repayment period may not extend beyond 10 years from the date of the loan. A participant may only have one loan outstanding at any given time. If a participant has an existing loan, the participant may not apply for another loan until the existing loan is paid in full. The interest rate on borrowings was 5% per annum as of December 31, 2014 and 2013.

Notes receivable from participants are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded for loans to participants. If a participant ceases to make loan repayments and the Plan Administrator deems the participant's loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

***Hardship Withdraws***

Participants are permitted to withdraw, in a single sum, the employee contribution portion of their account balance, under certain conditions. These conditions include unreimbursed medical expenses, the purchase of the participants' principal residence, the payment of postsecondary education tuition, or to prevent eviction or foreclosure from the participant's principal residence. A participant's right to make deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal. Hardship withdrawals totaled $31,340 for the year ended December 31, 2014.

***Benefit Payments***

A distribution can be made to a participant, if requested, due to death, disability, retirement, or termination of employment from the Company. This distribution may be deferred until a later date. When the distribution is requested, the vested account balance will be distributed in a lump sum as either (a) a cash distribution, (b) a direct rollover distribution or (c) a combination cash distribution and direct rollover distribution. However, the distribution cannot be postponed if the participant's vested account balance is $1,000 or less. In this case, the vested balance will be distributed as a lump sum without the participant's consent. Upon reaching the age of 59½, the participant may request an "in-service" distribution.

**1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES** (continued)

***Corrective Distributions***

During 2014, the Plan refunded $33,959 to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. The refunds are reflected in the accompanying statement of changes in net assets available for benefits as corrective distributions.

***Forfeitures***

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. These forfeited amounts are used to reduce the Company's contributions to the Plan. As of December 31, 2014 and 2013, forfeited nonallocated amounts were $17,597 and $7,241, respectively. For the year ended December 31, 2014, $23,330 of forfeitures were used to reduce the Company's contributions.

***Plan Termination***

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to provisions of ERISA. In the event of Plan termination, participants will become 100% vested in any employer contributions.

***Administrative Expenses***

The Trustee assumes the administrative costs of the Plan with the exception of certain expenses, such as loan processing fees, which are paid directly by the participants in the Plan, and other administrative expenses of the Plan, such as audit fees, which are paid by the Company. The payment of administrative expenses by the Company and the Plan constitutes an exempt party-in-interest transaction as defined by ERISA. For the year ended December 31, 2014, costs paid by the Plan were $19,024.

***Use of Estimates***

The preparation of financial statements in conformity with generally accepted accounting principles ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

**1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES** (continued)

***Valuation of Investments and Income Recognition***

Investments are stated at fair value. The fair value in mutual funds and money market fund are based upon quoted market prices of the underlying investments. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded when received. The net realized and unrealized gains and losses are reflected in the statement of changes in net assets available for benefits as net appreciation (depreciation) in the fair value of investments.

***Risks and Uncertainties***

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits and the statement of changes in net assets available for benefits.

***Plan Amendment***

Effective January 1, 2014, the Plan was amended to change the name from "Interface Rehab LLC 401(k) Retirement Savings Plan" to "Interface Rehab, Inc. 401(k) Retirement Savings Plan."

Effective May 11, 2014 the Plan was amended to add Maxum Physical Therapy, Inc., (a company under common ownership of the Plan Sponsor) as a participating employer to the Interface Rehab, Inc. 401(k) Retirement Savings Plan.

Effective November 17, 2014 the Plan was amended to add certain independent contractors to participate in the Plan.

***Subsequent Events***

The Plan has evaluated subsequent events through September 25, 2015, the date the financial statements were available to be issued.

## 1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES (continued)

***Recent Accounting Pronouncement***

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-12, Plan Accounting: Defined Benefit Pension Plans, Topic 960; Defined Contribution Plans, Topic 962; and Health and Welfare Benefit Plans, Topic 965: Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient. The following is a summary of the revised guidance contained in ASU 2015-12:

Part 1 amendments designate contract value as the only required measure for fully benefit-responsive investment contracts; Part II amendments eliminate the requirement that plans disclose: (a) individual investments that represent 5 percent or more of net assets available for benefits; and (b) the net appreciation or depreciation for investments by general type requirements for both participant-directed investments and nonparticipant-directed investments. Part III amendments provide a practical expedient to permit plans to measure investments and investment-related accounts (e.g., a liability for a pending trade with a broker) as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end.

The amendments are effective for all plan years beginning after December 15, 2015. Earlier application of any or all of the three parts is permitted. The amendments in Part I and Part II should be applied retrospectively for all financial statements presented, and the amendments in Part III should be applied prospectively. This ASU should not change the Plan's total net assets available for benefits; however, it may affect the presentation of the financial statements and the information contained in the disclosures. Management is currently reviewing the full impact of these amendments and does not expect it to have a significant effect on the Plan's financial statement presentation.

## 2. TAX STATUS

The Plan has adopted the Fidelity Management & Research Co. Prototype Non-Standardized Safe Harbor Profit Sharing Plan with CODA, which has received a favorable opinion letter from the Internal Revenue Service dated October 9, 2003, stating that the written form of the prototype plan is acceptable under the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS.

**2. TAX STATUS** (continued)

The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of the liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions and the Plan could be subject to income tax if certain issues were found by the IRS that could result in the disqualification of the Plan's tax-exempt status; however, there are currently no audits for any tax periods in progress.

## 3. INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

Information regarding the investments at fair value, investment income, notes receivable from participants and interest income thereon, as shown in the accompanying financial statements and supplemental schedule, has been certified by the Trustee as being complete and accurate.

Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA states, in part, that any statement of information prepared and certified by the Custodian need not be audited or reported on by an independent public accountant. Pursuant to that regulation, the Plan Administrator has instructed its independent public accountants, Squar Milner LLP, not to perform any auditing procedures with respect to information certified as complete and accurate by the Trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014.

## 4. INVESTMENTS

The following was derived from information provided and certified by the Trustee (Note 3) and presents investments that represent five percent or more of the Plan's net assets at December 31, 2014 and 2013:

| | 2014 | 2013 |
|---|---|---|
| FID Freedom 2040 | $ 1,206,655 | $ 1,012,204 |
| FID Freedom 2045 | 1,098,104 | 888,968 |
| FID Freedom 2050 | 656,245 | 524,902 |
| FID Contrafund | 637,869 | 533,485 |
| FID Freedom 2035 | 488,524 | 359,718 |
| FID Freedom 2030 | 454,889 | * |

** Less than five percent of the Plan's net assets*

## 5. FAIR VALUE MEASUREMENTS

The Plan adopted the provisions of FASB Accounting Standards Codification 820, *Fair Value Measurements and Disclosures*, or ASC 820, with respect to its investments. ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. ASC 820 establishes a three-level fair value hierarchy that prioritizes the inputs used to measure fair value. This hierarchy requires entities to maximize the use of observable inputs and minimize the use of unobservable inputs.

*Level 1:* Quoted market prices in active markets for identical assets or liabilities that are accessible at the measurement date.

*Level 2:* Inputs other than level 1 that are observable for the asset or liability, either directly or indirectly.

*Level 3:* Unobservable inputs used to measure fair value to the extent that observable inputs are not available.

The following is a description of the valuation methodologies used for the investments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

*Mutual Funds:*

Mutual funds are valued at the net assets value ("NAV") of shares held by the plan at year end and are classified as Level 1 investments.

*Money Market Fund:*

The money market fund is valued at quoted market prices in an exchange and active markets, which represent the net asset values of shares held by the Plan at year-end and are classified as Level 1 investments.

The Plan did not have any Level 2 or 3 measurements as of December 31, 2014 and 2013. There were no transfers between levels during the years ended December 31, 2014 and 2013.

## 5. FAIR VALUE MEASUREMENTS (continued)

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

| | *Asset Fair Value as of December 31, 2014* | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Money market funds | $ 129,135 | $ – | $ – | $ 129,135 |
| Mutual funds | | | | |
| Stock investment – large cap | 1,129,386 | – | – | 1,129,386 |
| Stock investment – mid cap | 679,959 | – | – | 679,959 |
| Stock investment – small cap | 200,871 | – | – | 200,871 |
| Stock investment – international | 208,127 | – | – | 208,127 |
| Stock investment – specialty | 160,128 | – | – | 160,128 |
| Blended investments | 4,858,736 | – | – | 4,858,736 |
| Bond investments | 473,302 | – | – | 473,302 |
| Investments, at fair value | $ 7,839,644 | $ – | $ – | $ 7,839,644 |

| | *Asset Fair Value as of December 31, 2013* | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Money market funds | $ 159,074 | $ – | $ – | $ 159,074 |
| Mutual funds | | | | |
| Stock investment – large cap | 906,684 | – | – | 906,684 |
| Stock investment – mid cap | 576,892 | – | – | 576,892 |
| Stock investment – small cap | 193,358 | – | – | 193,358 |
| Stock investment – international | 176,897 | – | – | 176,897 |
| Stock investment – specialty | 217,034 | – | – | 217,034 |
| Blended investments | 3,711,457 | – | – | 3,711,457 |
| Bond investments | 450,613 | – | – | 450,613 |
| Investments, at fair value | $ 6,392,009 | $ – | $ – | $ 6,392,009 |

## 6. PARTY-IN-INTEREST AND REPORTABLE TRANSACTIONS

Certain Plan investments are registered investment funds and money market funds managed by Fidelity Management Trust Company which also receives loan processing fees. Fidelity Management Trust Company is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions as defined by Department of Labor regulations. Certain administrative expenses were also paid by the Plan (see Note 1)

## 7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate or amend the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

## 8. PROHIBITED TRANSACTION

As required by ERISA Section 2510.3-102, the Plan Sponsor is required to segregate participant contributions from its general assets and remit them to the Plan as soon as practicable, but in no event more than 15 business days following the end of the month in which amounts are withheld from wages.

During 2014, the Plan Sponsor failed to remit certain participant contributions totaling approximately $71,051 within the period prescribed by the Department of Labor due to administrative errors. The Plan Sponsor determined that the total amount owed to affected participants was approximately $41 for potential lost earnings due to the delay, which the plan Sponsor intends to remit to the Plan.

# SUPPLEMENTAL SCHEDULES

# INTERFACE REHAB, INC. 401(k) RETIREMENT SAVINGS PLAN
## SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
## December 31, 2014

| Participant Contributions Transferred Late to Plan | Total that Constitutes Nonexempt Prohibited Transactions | | | Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51 |
|---|---|---|---|---|
| Check here if Late Participant Loan repayments are included : | Contributions Not Corrected | Contributions Corrected Outside VFCP, | Contributions Pending Correction in VFCP | |
| Year ended December 31, 2014 | $ 71,051 | $ – | $ – | $ – |

# INTERFACE REHAB, INC. 401(k) RETIREMENT SAVINGS PLAN
## SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
## (HELD AT YEAR END)
## December 31, 2014

| (a) | (b) Identity of Issuer, Borrower, Lessor or Similar Party | (c) Description of Investment (including rate of interest) | (d) Cost Basis | (e) Current Value |
|---|---|---|---|---|
| * | FID REITRE MMKT | Cash | | $ 129,135 |
| | PIMCO TOT RETURN ADM | Mutual Funds | | 139,989 |
| | BARON ASSET FUND | Mutual Funds | | 67,086 |
| | ALZGI NFJ DIV VL ADM | Mutual Funds | | 97,117 |
| | THORNBURG INT VAL R4 | Mutual Funds | | 61,525 |
| | RS EMERGING MKTS A | Mutual Funds | | 31,833 |
| | ARTISAN MID CAP VAL | Mutual Funds | | 143,653 |
| | ALZGI NFJ SMCPVL ADM | Mutual Funds | | 151,579 |
| | ROYCE VALUE PLUS SER | Mutual Funds | | 49,292 |
| * | FID FIDELITY FUND | Mutual Funds | | 89,139 |
| * | FID CONTRAFUND | Mutual Funds | | 637,869 |
| * | FIDELITY GOVT INCOME | Mutual Funds | | 150,081 |
| * | FID SEL ENERGY | Mutual Funds | | 69,771 |
| * | FID SEL TECHNOLOGY | Mutual Funds | | 90,357 |
| * | FID BALANCED | Mutual Funds | | 175,129 |
| * | FID DISCIPLND EQTY | Mutual Funds | | 27,601 |
| * | FID LOW PRICED STK | Mutual Funds | | 244,555 |
| * | FID FREEDOM INCOME | Mutual Funds | | 33,900 |
| * | FID FREEDOM 2000 | Mutual Funds | | - |
| * | FID FREEDOM 2010 | Mutual Funds | | 8,743 |
| * | FID FREEDOM 2020 | Mutual Funds | | 228,433 |
| * | FID FREEDOM 2030 | Mutual Funds | | 454,889 |
| * | FID HIGH INCOME | Mutual Funds | | 183,232 |
| | JANUS FORTY S | Mutual Funds | | 21,151 |
| * | FID STKSEL LGCAP VAL | Mutual Funds | | 25,766 |
| * | FID FREEDOM 2040 | Mutual Funds | | 1,206,655 |
| * | FID FREEDOM 2005 | Mutual Funds | | 1,469 |
| * | FID FREEDOM 2015 | Mutual Funds | | 125,283 |
| * | FID FREEDOM 2025 | Mutual Funds | | 269,101 |
| * | FID FREEDOM 2035 | Mutual Funds | | 488,524 |
| | SPTN EXT MKT IDX ADV | Mutual Funds | | 224,665 |
| | SPTN INTL INDEX ADV | Mutual Funds | | 114,769 |
| | SPTN 500 INDEX ADV | Mutual Funds | | 230,743 |
| * | FID FREEDOM 2045 | Mutual Funds | | 1,098,104 |
| * | FID FREEDOM 2050 | Mutual Funds | | 656,245 |
| * | FID FREEDOM 2055 | Mutual Funds | | 112,261 |
| | | Total investments | | $ 7,839,644 |
| * | Notes receivable from participants | Interest rate at 5% per annum | | $ 208,829 |

* Represents a party-in-interest




Certified Public Accountants
and Financial Advisors

**Interface Rehab, Inc. 401(k)**
**Retirement Savings Plan**
Financial Statements and
Supplemental Schedules
December 31, 2014 and 2013

# INDEX TO FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

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Supplemental Schedules*

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions ..... 15

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*Note: Schedules other than those listed above have been omitted because the information is otherwise disclosed, not applicable or not required by 29 CFR 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

squarmilner
Certified Public Accountants
and Financial Advisors

Squar Milner LLP

# INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Interface Rehab, Inc. 401(k) Retirement Savings Plan

## Report on the Financial Statement

We were engaged to audit the accompanying financial statements of Interface Rehab, Inc. 401(k) Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2014, and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 1; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditor's Responsibility*

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### *Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the Trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan administrator by the Trustee is complete and accurate.

***Disclaimer of Opinion***

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

***Basis of Accounting***

We draw attention to Note 1 to the financial statements, which describe the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

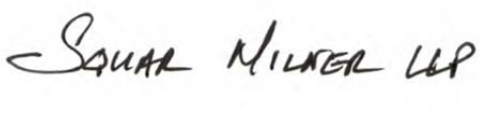
***Other Matter***

The supplemental schedules, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2014, and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (modified cash basis) as of December 31, 2014 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

**SQUAR MILNER LLP**



Los Angeles, California
September 25, 2015

# INTERFACE REHAB, INC. 401(k) RETIREMENT SAVINGS PLAN
## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
## December 31, 2014 and 2013

| | 2014 | 2013 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value: | | |
| Money market fund | $ 129,135 | $ 159,074 |
| Mutual funds | 7,710,509 | 6,232,935 |
| | 7,839,644 | 6,392,009 |
| Receivables: | | |
| Notes receivable from participants | 208,829 | 224,538 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | **$** 8,048,473 | **$** 6,616,547 |


*The accompanying notes are an integral part of these financial statements.*

# INTERFACE REHAB, INC. 401(k) RETIREMENT SAVINGS PLAN
## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
## For the Year Ended December 31, 2014

| | |
|---|---|
| **ADDITIONS** | |
| Investment income: | |
| Net depreciation in fair value of investments | $ (171,092) |
| Interest and dividends | 552,031 |
| Total investment income | 380,939 |
| Contributions: | |
| Employee | 1,727,066 |
| Employer | 154,349 |
| Rollover | 100,338 |
| | 1,981,753 |
| Interest income on notes receivable from participants | 9,635 |
| Total net additions | 2,372,327 |
| **DEDUCTIONS** | |
| Participant withdrawals | 884,974 |
| Corrective distributions | 33,959 |
| Deemed distributions on participant loans | 2,444 |
| Administrative expenses | 19,024 |
| Total deductions | 940,401 |
| **NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS** | 1,431,926 |
| **NET ASSETS AVAILABLE FOR BENEFITS – beginning of year** | 6,616,547 |
| **NET ASSETS AVAILABLE FOR BENEFITS – end of year** | $ 8,048,473 |

## 1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES

The following description of Interface Rehab, Inc. 401(k) Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### *General*

The Plan is a defined contribution plan, which became effective on December 29, 2008, to provide retirement benefits for eligible employees of Interface Rehab, Inc. (the "Company"). The Company is the Plan Administrator and Plan Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Fidelity Management Trust Company ("Fidelity") is the trustee ("Trustee") of the Plan's assets.

### *Basis of Accounting*

The financial statements of the Plan are prepared under the modified cash basis method of accounting. Under this method, income including interest on notes receivable from participants, is generally recognized when received and expenses are generally recognized when paid. Investments have been recorded at their fair market values. Accordingly, these statements are not intended to purport financial position or the results of operations in conformity with accounting principles generally accepted in the United States of America.

### *Eligibility*

The Plan covers all employees of the Company. Employees become eligible to make contributions to the Plan when they have completed three months of service and attained the age of 21, except leased employees and employees whose employment is governed by a collective bargaining agreement.

### *Plan Administration*

The Company and certain members of management are the Plan administrator, and are responsible for monitoring and maintaining the individual participant account balances.

### *Contributions*

Each year, participants may contribute up to 90% of eligible compensation, as defined in the Plan, up to the Internal Revenue Service dollar limitation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans.

**1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES** (continued)

***Contributions*** (continued)

Each plan year, the Company may make a discretionary matching contribution of a percent to be determined annually based on a percentage of each participant's deferral contributions. The Company may also make a discretionary profit sharing contribution.

For the year ended December 31, 2014, the Company made a discretionary matching contribution of 25% of each participant's deferral up to a maximum of 4% of each participant's total compensation. The Company did not make any discretionary profit sharing contribution for the year ended December 31, 2014.

***Participant Accounts***

Each participant's account is credited with the participant's contributions and allocation of (a) the Company's contribution, if any, and (b) Plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

***Vesting***

Participants are immediately fully vested in their contributions plus actual earnings thereon.

The Company's profit sharing and matching contributions and earnings thereon will be vested in accordance with the following schedule:

| Years of Service | Percentage |
|---|---|
| Less than 2 | 0% |
| 2 | 20% |
| 3 | 40% |
| 4 | 60% |
| 5 | 80% |
| 6 or more | 100% |

***Investment Programs***

Participants are able to direct the investment of their accounts (including Company matching and profit sharing contributions) among any of the available funds. The available funds as of December 31, 2014 are listed in the supplemental Schedule of Assets (Held at End of Year).

**1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES** (continued)

***Notes Receivable from Participants***

Participants may borrow from their fund accounts, a minimum of $1,000 up to a maximum equal to the lesser of (a) $50,000 reduced by the highest outstanding loan balance in the participant's account during the prior twelve-month period or (b) 50% of the participant's vested interest in the Plan.

All loans shall bear a reasonable rate of interest which shall remain fixed throughout the duration of the loan. All loans must be repaid on at least a quarterly basis over a five-year period unless it is for the purchase of a principal residence, in which case the loan repayment period may not extend beyond 10 years from the date of the loan. A participant may only have one loan outstanding at any given time. If a participant has an existing loan, the participant may not apply for another loan until the existing loan is paid in full. The interest rate on borrowings was 5% per annum as of December 31, 2014 and 2013.

Notes receivable from participants are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded for loans to participants. If a participant ceases to make loan repayments and the Plan Administrator deems the participant's loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

***Hardship Withdraws***

Participants are permitted to withdraw, in a single sum, the employee contribution portion of their account balance, under certain conditions. These conditions include unreimbursed medical expenses, the purchase of the participants' principal residence, the payment of postsecondary education tuition, or to prevent eviction or foreclosure from the participant's principal residence. A participant's right to make deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal. Hardship withdrawals totaled $31,340 for the year ended December 31, 2014.

***Benefit Payments***

A distribution can be made to a participant, if requested, due to death, disability, retirement, or termination of employment from the Company. This distribution may be deferred until a later date. When the distribution is requested, the vested account balance will be distributed in a lump sum as either (a) a cash distribution, (b) a direct rollover distribution or (c) a combination cash distribution and direct rollover distribution. However, the distribution cannot be postponed if the participant's vested account balance is $1,000 or less. In this case, the vested balance will be distributed as a lump sum without the participant's consent. Upon reaching the age of 59½, the participant may request an "in-service" distribution.

**1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES** (continued)

***Corrective Distributions***

During 2014, the Plan refunded $33,959 to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. The refunds are reflected in the accompanying statement of changes in net assets available for benefits as corrective distributions.

***Forfeitures***

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. These forfeited amounts are used to reduce the Company's contributions to the Plan. As of December 31, 2014 and 2013, forfeited nonallocated amounts were $17,597 and $7,241, respectively. For the year ended December 31, 2014, $23,330 of forfeitures were used to reduce the Company's contributions.

***Plan Termination***

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to provisions of ERISA. In the event of Plan termination, participants will become 100% vested in any employer contributions.

***Administrative Expenses***

The Trustee assumes the administrative costs of the Plan with the exception of certain expenses, such as loan processing fees, which are paid directly by the participants in the Plan, and other administrative expenses of the Plan, such as audit fees, which are paid by the Company. The payment of administrative expenses by the Company and the Plan constitutes an exempt party-in-interest transaction as defined by ERISA. For the year ended December 31, 2014, costs paid by the Plan were $19,024.

***Use of Estimates***

The preparation of financial statements in conformity with generally accepted accounting principles ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

**1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES** (continued)

***Valuation of Investments and Income Recognition***

Investments are stated at fair value. The fair value in mutual funds and money market fund are based upon quoted market prices of the underlying investments. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded when received. The net realized and unrealized gains and losses are reflected in the statement of changes in net assets available for benefits as net appreciation (depreciation) in the fair value of investments.

***Risks and Uncertainties***

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits and the statement of changes in net assets available for benefits.

***Plan Amendment***

Effective January 1, 2014, the Plan was amended to change the name from "Interface Rehab LLC 401(k) Retirement Savings Plan" to "Interface Rehab, Inc. 401(k) Retirement Savings Plan."

Effective May 11, 2014 the Plan was amended to add Maxum Physical Therapy, Inc., (a company under common ownership of the Plan Sponsor) as a participating employer to the Interface Rehab, Inc. 401(k) Retirement Savings Plan.

Effective November 17, 2014 the Plan was amended to add certain independent contractors to participate in the Plan.

***Subsequent Events***

The Plan has evaluated subsequent events through September 25, 2015, the date the financial statements were available to be issued.

## 1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES (continued)

***Recent Accounting Pronouncement***

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-12, Plan Accounting: Defined Benefit Pension Plans, Topic 960; Defined Contribution Plans, Topic 962; and Health and Welfare Benefit Plans, Topic 965: Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient. The following is a summary of the revised guidance contained in ASU 2015-12:

Part 1 amendments designate contract value as the only required measure for fully benefit-responsive investment contracts; Part II amendments eliminate the requirement that plans disclose: (a) individual investments that represent 5 percent or more of net assets available for benefits; and (b) the net appreciation or depreciation for investments by general type requirements for both participant-directed investments and nonparticipant-directed investments. Part III amendments provide a practical expedient to permit plans to measure investments and investment-related accounts (e.g., a liability for a pending trade with a broker) as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end.

The amendments are effective for all plan years beginning after December 15, 2015. Earlier application of any or all of the three parts is permitted. The amendments in Part I and Part II should be applied retrospectively for all financial statements presented, and the amendments in Part III should be applied prospectively. This ASU should not change the Plan's total net assets available for benefits; however, it may affect the presentation of the financial statements and the information contained in the disclosures. Management is currently reviewing the full impact of these amendments and does not expect it to have a significant effect on the Plan's financial statement presentation.

## 2. TAX STATUS

The Plan has adopted the Fidelity Management & Research Co. Prototype Non-Standardized Safe Harbor Profit Sharing Plan with CODA, which has received a favorable opinion letter from the Internal Revenue Service dated October 9, 2003, stating that the written form of the prototype plan is acceptable under the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS.

**2. TAX STATUS** (continued)

The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of the liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions and the Plan could be subject to income tax if certain issues were found by the IRS that could result in the disqualification of the Plan's tax-exempt status; however, there are currently no audits for any tax periods in progress.

## 3. INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

Information regarding the investments at fair value, investment income, notes receivable from participants and interest income thereon, as shown in the accompanying financial statements and supplemental schedule, has been certified by the Trustee as being complete and accurate.

Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA states, in part, that any statement of information prepared and certified by the Custodian need not be audited or reported on by an independent public accountant. Pursuant to that regulation, the Plan Administrator has instructed its independent public accountants, Squar Milner LLP, not to perform any auditing procedures with respect to information certified as complete and accurate by the Trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014.

## 4. INVESTMENTS

The following was derived from information provided and certified by the Trustee (Note 3) and presents investments that represent five percent or more of the Plan's net assets at December 31, 2014 and 2013:

| | 2014 | 2013 |
|---|---|---|
| FID Freedom 2040 | $ 1,206,655 | $ 1,012,204 |
| FID Freedom 2045 | 1,098,104 | 888,968 |
| FID Freedom 2050 | 656,245 | 524,902 |
| FID Contrafund | 637,869 | 533,485 |
| FID Freedom 2035 | 488,524 | 359,718 |
| FID Freedom 2030 | 454,889 | * |

** Less than five percent of the Plan's net assets*

## 5. FAIR VALUE MEASUREMENTS

The Plan adopted the provisions of FASB Accounting Standards Codification 820, *Fair Value Measurements and Disclosures*, or ASC 820, with respect to its investments. ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. ASC 820 establishes a three-level fair value hierarchy that prioritizes the inputs used to measure fair value. This hierarchy requires entities to maximize the use of observable inputs and minimize the use of unobservable inputs.

*Level 1:* Quoted market prices in active markets for identical assets or liabilities that are accessible at the measurement date.

*Level 2:* Inputs other than level 1 that are observable for the asset or liability, either directly or indirectly.

*Level 3:* Unobservable inputs used to measure fair value to the extent that observable inputs are not available.

The following is a description of the valuation methodologies used for the investments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

*Mutual Funds:*

Mutual funds are valued at the net assets value ("NAV") of shares held by the plan at year end and are classified as Level 1 investments.

*Money Market Fund:*

The money market fund is valued at quoted market prices in an exchange and active markets, which represent the net asset values of shares held by the Plan at year-end and are classified as Level 1 investments.

The Plan did not have any Level 2 or 3 measurements as of December 31, 2014 and 2013. There were no transfers between levels during the years ended December 31, 2014 and 2013.

## 5. FAIR VALUE MEASUREMENTS (continued)

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

| | *Asset Fair Value as of December 31, 2014* | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Money market funds | $ 129,135 | $ – | $ – | $ 129,135 |
| Mutual funds | | | | |
| Stock investment – large cap | 1,129,386 | – | – | 1,129,386 |
| Stock investment – mid cap | 679,959 | – | – | 679,959 |
| Stock investment – small cap | 200,871 | – | – | 200,871 |
| Stock investment – international | 208,127 | – | – | 208,127 |
| Stock investment – specialty | 160,128 | – | – | 160,128 |
| Blended investments | 4,858,736 | – | – | 4,858,736 |
| Bond investments | 473,302 | – | – | 473,302 |
| Investments, at fair value | $ 7,839,644 | $ – | $ – | $ 7,839,644 |

| | *Asset Fair Value as of December 31, 2013* | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Money market funds | $ 159,074 | $ – | $ – | $ 159,074 |
| Mutual funds | | | | |
| Stock investment – large cap | 906,684 | – | – | 906,684 |
| Stock investment – mid cap | 576,892 | – | – | 576,892 |
| Stock investment – small cap | 193,358 | – | – | 193,358 |
| Stock investment – international | 176,897 | – | – | 176,897 |
| Stock investment – specialty | 217,034 | – | – | 217,034 |
| Blended investments | 3,711,457 | – | – | 3,711,457 |
| Bond investments | 450,613 | – | – | 450,613 |
| Investments, at fair value | $ 6,392,009 | $ – | $ – | $ 6,392,009 |

## 6. PARTY-IN-INTEREST AND REPORTABLE TRANSACTIONS

Certain Plan investments are registered investment funds and money market funds managed by Fidelity Management Trust Company which also receives loan processing fees. Fidelity Management Trust Company is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions as defined by Department of Labor regulations. Certain administrative expenses were also paid by the Plan (see Note 1)

## 7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate or amend the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

## 8. PROHIBITED TRANSACTION

As required by ERISA Section 2510.3-102, the Plan Sponsor is required to segregate participant contributions from its general assets and remit them to the Plan as soon as practicable, but in no event more than 15 business days following the end of the month in which amounts are withheld from wages.

During 2014, the Plan Sponsor failed to remit certain participant contributions totaling approximately $71,051 within the period prescribed by the Department of Labor due to administrative errors. The Plan Sponsor determined that the total amount owed to affected participants was approximately $41 for potential lost earnings due to the delay, which the plan Sponsor intends to remit to the Plan.

# SUPPLEMENTAL SCHEDULES

# INTERFACE REHAB, INC. 401(k) RETIREMENT SAVINGS PLAN
## SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
## December 31, 2014

| Participant Contributions Transferred Late to Plan | Total that Constitutes Nonexempt Prohibited Transactions | | | Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51 |
|---|---|---|---|---|
| Check here if Late Participant Loan repayments are included : | Contributions Not Corrected | Contributions Corrected Outside VFCP, | Contributions Pending Correction in VFCP | |
| Year ended December 31, 2014 | $ 71,051 | $ – | $ – | $ – |

# INTERFACE REHAB, INC. 401(k) RETIREMENT SAVINGS PLAN
## SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
## (HELD AT YEAR END)
## December 31, 2014

| (a) | (b) Identity of Issuer, Borrower, Lessor or Similar Party | (c) Description of Investment (including rate of interest) | (d) Cost Basis | (e) Current Value |
|---|---|---|---|---|
| * | FID REITRE MMKT | Cash | | $ 129,135 |
| | PIMCO TOT RETURN ADM | Mutual Funds | | 139,989 |
| | BARON ASSET FUND | Mutual Funds | | 67,086 |
| | ALZGI NFJ DIV VL ADM | Mutual Funds | | 97,117 |
| | THORNBURG INT VAL R4 | Mutual Funds | | 61,525 |
| | RS EMERGING MKTS A | Mutual Funds | | 31,833 |
| | ARTISAN MID CAP VAL | Mutual Funds | | 143,653 |
| | ALZGI NFJ SMCPVL ADM | Mutual Funds | | 151,579 |
| | ROYCE VALUE PLUS SER | Mutual Funds | | 49,292 |
| * | FID FIDELITY FUND | Mutual Funds | | 89,139 |
| * | FID CONTRAFUND | Mutual Funds | | 637,869 |
| * | FIDELITY GOVT INCOME | Mutual Funds | | 150,081 |
| * | FID SEL ENERGY | Mutual Funds | | 69,771 |
| * | FID SEL TECHNOLOGY | Mutual Funds | | 90,357 |
| * | FID BALANCED | Mutual Funds | | 175,129 |
| * | FID DISCIPLND EQTY | Mutual Funds | | 27,601 |
| * | FID LOW PRICED STK | Mutual Funds | | 244,555 |
| * | FID FREEDOM INCOME | Mutual Funds | | 33,900 |
| * | FID FREEDOM 2000 | Mutual Funds | | - |
| * | FID FREEDOM 2010 | Mutual Funds | | 8,743 |
| * | FID FREEDOM 2020 | Mutual Funds | | 228,433 |
| * | FID FREEDOM 2030 | Mutual Funds | | 454,889 |
| * | FID HIGH INCOME | Mutual Funds | | 183,232 |
| | JANUS FORTY S | Mutual Funds | | 21,151 |
| * | FID STKSEL LGCAP VAL | Mutual Funds | | 25,766 |
| * | FID FREEDOM 2040 | Mutual Funds | | 1,206,655 |
| * | FID FREEDOM 2005 | Mutual Funds | | 1,469 |
| * | FID FREEDOM 2015 | Mutual Funds | | 125,283 |
| * | FID FREEDOM 2025 | Mutual Funds | | 269,101 |
| * | FID FREEDOM 2035 | Mutual Funds | | 488,524 |
| | SPTN EXT MKT IDX ADV | Mutual Funds | | 224,665 |
| | SPTN INTL INDEX ADV | Mutual Funds | | 114,769 |
| | SPTN 500 INDEX ADV | Mutual Funds | | 230,743 |
| * | FID FREEDOM 2045 | Mutual Funds | | 1,098,104 |
| * | FID FREEDOM 2050 | Mutual Funds | | 656,245 |
| * | FID FREEDOM 2055 | Mutual Funds | | 112,261 |
| | | Total investments | | $ 7,839,644 |
| * | Notes receivable from participants | Interest rate at 5% per annum | | $ 208,829 |

* Represents a party-in-interest