For	m 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed ur		1065 of the Employee Re	etirement	2014
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ER	RISA), and sections 605 evenue Code (the Code		Internal	This Form is Open to
Pension Be	nefit Guaranty Corporation	Complete all entries in according	ordance with the instr	uctions to the Form 55	500-SF.	Public Inspection
Part I		Identification Information		and and in a 400	04/0044	
For calenda	ar plan year 2014 or its	scal plan year beginning 07/01/2014			/31/2014	Ling this hav must attach a list
A This retB This return	urn/report is for: urn/report is	a one-participant plan		yer information in accord		king this box must attach a list the form instructions)
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
C. Check b	box if filing under:	X Form 5558	automatic extension			FVC program
Officient		special extension (enter description	on)			
De st II	Desis Dise la (s		•			
Part II 1a Name ORTHOPED	of plan	rmation—enter all requested inform			(PN)	number 001 ctive date of plan
		dress; include room or suite number (e SICAL THERAPY LLC	employer, if for a single-	employer plan)	2b Emp (EIN	07/01/2014 loyer Identification Number) 27-2904171
	IT PLACE, SUITE B				2c Spor	nsor's telephone number 859-264-0512
LEXINGTON	, KY 40509				2d Busi	ness code (see instructions) 621340
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponsor.			3b Adm	inistrator's EIN
		e plan sponsor has changed since the nber from the last return/report.	last return/report filed fo	or this plan, enter the	4b EIN	
a Sponse					4c PN	
5a Total r	number of participants	at the beginning of the plan year			5a	0
b Total r	number of participants	at the end of the plan year			5b	26
		account balances as of the end of the I		•	5c	20
d(1) Tota	al number of active par	ticipants at the beginning of the plan y	/ear		5d(1)	0
d(2) Tota	al number of active par	rticipants at the end of the plan year			5d(2)	26
		rminated employment during the plan			5e	0
Under pena SB or Sche belief, it is t	alties of perjury and oth dule MB completed ar true, correct, and comp		ns, I declare that I have	examined this return/rep	oort, includi	ng, if applicable, a Schedule
SIGN HERE		valid electronic signature.				
	Signature of plan a	dministrator	Date	Enter name of individe	ual signing	as plan administrator
SIGN HERE						
	Signature of emplo name (including firm n	yer/plan sponsor ame, if applicable) and address (includ	Date de room or suite numbe			as employer or plan sponsor s telephone number (optional)
		a and OMR Control Numbers, see the inse				Form 5500-SE (2014)

-	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						
D	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						
	If you answered "No" to either line 6a or line 6b, the plan canno						
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)? .		Yes	No Not determined
Pa	t III Financial Information	-					
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a					33024
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c					33024
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	8a(2)	328	339			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	2	277			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					33116
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		92			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					92
i	Net income (loss) (subtract line 8h from line 8c)	8i					33024
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension to 2E $$ 2J $$ 2K $$ 2F $$ 2G $$ 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in th	ne instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		х	
с	Was the plan covered by a fidelity bond?			10c		х	
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			x	
е	· · · · · · · · · · · · · · · · · · ·	er person	s by an insurance carrier,	10d		~	
	insurance service, or other organization that provides some or all instructions.)			10e		Х	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		х	
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fro					11a	
12	Is this a defined contribution plan subject to the minimum funding					302 of I	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein	ng amortiz	ed in this plan year, see instruc	ctions,	and e	nter th	e date of the letter ruling

Day _

Year

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year		12b		
C Enter the amount contributed by the employer to the plan for this plan year		12c		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A
Part VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?		· 🗆 ۲	Yes X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

Department of the Treasury	Short Form Annua	al Return/Report Benefit Plan	of Small Empl	oyee	(OMB Nos. 1210-0110 1210-0089
Internal Revenue Service	This form is required to be filed	under sections 104 and 4	065 of the Employee R	etirement		2014
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		Internal	This Fo	orm is Open to
Pension Benefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	, uctions to the Form 5	500-SF.		ic Inspection
	dentification Information					
For calendar plan year 2014 or fisc				2/31/2014		
A This return/report is for:	X a single-employer plan a one-participant plan \overline{X} the first return/report	a multiple-employer pl of participating employ a foreign plan the final return/report	an (not multiemployer) er information in accore	(Filers check lance with th	ing this box e form inst	x must attach a list ructions)
	an amended return/report	a short plan year return	/report (less than 12 m	onths)		
C Check box if filing under:	X Form 5558 special extension (enter descrip	automatic extension			VC prograr	n
Rant II Basic Plan Inform	mation-enter all requested info	rmation				· · · · · · · · · · · · · · · · · · ·
1a Name of plan ORTHOPEDIC AND SPORTS PHYS				(PN)	umber •	001
				1c Effecti 07/01		plan
2a Plan sponsor's name and addr ORTHOPEDIC AND SPORTS PHYS		r (employer, if for a single-	employer plan)		yer Identifi 27-290417	cation Number 1
1969 Bloudit Bloop, Suite B				2c Spons		one number 64-0512
1868 Plaudit Place, Suite B Lexington, KY 40509				2d Busine 621340		ee instructions)
3a Plan administrator's name and	address XSame as Plan Sponso	pr.		3b Admin		IN
 4 If the name and/or EIN of the p name, EIN, and the plan numb 	olan sponsor has changed since th per from the last return/report.	ne last return/report filed fo	r this plan, enter the	4b EIN		
a Sponsor's name	·			4c PN	····	· · · · · · · · · · · · · · · · · · ·
5a Total number of participants at	the beginning of the plan year			5a	·····	0
5a Total number of participants at b Total number of participants at	the end of the plan year			····	·	0 26
 5a Total number of participants at b Total number of participants at c Number of participants with ac complete this item) 	the end of the plan year count balances as of the end of th	e plan year (defined benef	it plans do not	5a		
 5a Total number of participants at b Total number of participants at c Number of participants with ac 	the end of the plan year count balances as of the end of th	e plan year (defined benef	it plans do not	5a 5b		26
 5a Total number of participants at b Total number of participants at c Number of participants with ac complete this item) 	the end of the plan year count balances as of the end of th cipants at the beginning of the plan	ne plan year (defined benef n year	īt plans do not	5a 5b 5c		26 20
 5a Total number of participants at b Total number of participants at c Number of participants with accomplete this item) d(1) Total number of active participants d(2) Total number of active participants that term 	the end of the plan year count balances as of the end of the cipants at the beginning of the plan cipants at the end of the plan year ninated employment during the pla	n year (defined benef n year an year with accrued benef	it plans do not	5a 5b 5c 5d(1)		26 20 0
 5a Total number of participants at b Total number of participants at c Number of participants with ac complete this item) d(1) Total number of active participants d(2) Total number of active participants that term 	the end of the plan year count balances as of the end of the cipants at the beginning of the plan cipants at the end of the plan year ninated employment during the plan	n year (defined benef n year an year with accrued benef	it plans do not	5a 5b 5c 5d(1) 5d(2) 5e	shed.	26 20 0 26
 5a Total number of participants at b Total number of participants at c Number of participants with ac complete this item) d(1) Total number of active participants that lem less than 100% vested. caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and 	the end of the plan year count balances as of the end of the cipants at the beginning of the plan cipants at the end of the plan year ninated employment during the plan incomplete filing of this return/ r penalties set forth in the instructi signed by an employ actuary, as	n year (defined benef n year an year with accrued benef report will be assessed u	it plans do not its that were inless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e se is establi	. if applica	26 20 0 26 0
 5a Total number of participants at b Total number of participants at c Number of participants with accomplete this item) d(1) Total number of active partice d(2) Total number of active partice e Number of participants that term less than 100% vested. Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and complete 	the end of the plan year count balances as of the end of the cipants at the beginning of the plan cipants at the end of the plan year ninated employment during the plan incomplete filing of this return/ r penalties set forth in the instructi signed by an employ actuary, as	n year (defined benef n year an year with accrued benef report will be assessed u	it plans do not its that were inless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e se is establi ort, including and to the b	. if applica	26 20 0 26 0
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 5a Total number of participants at b Total number of participants at c Number of participants with ac complete this item) d(1) Total number of active participants that for a ctive participants that term less than 100% vested. Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and complete SIGN Signature of part. 	the end of the plan year count balances as of the end of the cipants at the beginning of the plan cipants at the end of the plan year ninated employment during the plan incomplete filing of this return/ r penalties set forth in the instruction signed by arrenrolled actuary, as the	n year (defined benefin n year an year with accrued benefin report will be assessed u ions, I declare that I have e well as the electronic vers	it plans do not its that were inless reasonable cau examined this return/report JAMES J. ROTHBAUE	5a 5b 5c 5d(1) 5d(2) 5e se is establi ort, including and to the b	, if applica est of my k plan admi	26 20 0 26 0 ble, a Schedule snowledge and
 5a Total number of participants at b Total number of participants at c Number of participants with accomplete this item) d(1) Total number of active participants that term less than 100% vested. Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and belief. It is true, correct, and complete SiGN HERE 	the end of the plan year count balances as of the end of the cipants at the beginning of the plan cipants at the end of the plan year ninated employment during the plan incomplete filing of this return/ r penalties set forth in the instructi signed by an enrolled actuary, as the state ministrator ministrator ministrator	e plan year (defined benefin n year an year with accrued benefin report will be assessed ut ions, I declare that I have a well as the electronic vers 9-15 15 Date 9-15 75 Date	it plans do not its that were inless reasonable cau examined this return/rep ion of this return/report JAMES J. ROTHBAUE Enter name of individu	5a 5b 5c 5d(1) 5d(2) 5e se is establi ort, including and to the b R ial signing as	i, if applica est of my k plan admi Mar empioyer	26 20 0 26 0 ble, a Schedule nowledge and nistrator
5a Total number of participants at b Total number of participants at c Number of participants with accomplete this item) c(1) Total number of active participants with accomplete this item) d(1) Total number of active participants with accomplete this item) d(2) Total number of active participants that term less than 100% vested. Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and complete and belief, it is true, correct, and complete SIGN HERE Signature of plan adm SIGN Mathematical plan adm HERE Signature of employee	the end of the plan year count balances as of the end of the cipants at the beginning of the plan cipants at the end of the plan year ninated employment during the plan incomplete filing of this return/ r penalties set forth in the instructi signed by an enrolled actuary, as the state ministrator	e plan year (defined benefin n year an year with accrued benefin report will be assessed ut ions, I declare that I have a well as the electronic vers 9-15 15 Date 9-15 75 Date	it plans do not its that were inless reasonable cau examined this return/rep ion of this return/report JAMES J. ROTHBAUE Enter name of individu	5a 5b 5c 5d(1) 5d(2) 5e se is establi ort, including and to the b R ial signing as	i, if applica est of my k plan admi Mar empioyer	26 20 0 26 0 ble, a Schedule snowledge and

	Form 5500-SF 2014	Page 2
6a	Were all of the plan's assets during the plan year inv	ested in eligible assets? (See instructions.)
	Are you claiming a waiver of the annual examination	and report of an independent qualified public accountant (IQPA) iver eligibility and conditions.)
		he plan cannot use Form 5500-SF and must instead use Form 5500.
С	If the plan is a defined benefit plan, is it covered unde	r the PBGC insurance program (see ERISA section 4021)?

×	Yes	\square	No
Х	Yes		No

Form 5500. Yes

•		
Ľ	No	Not determined

Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 33024 b Total plan liabilities..... 7b c Net plan assets (subtract line 7b from line 7a). 7c 33024 8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Nd а Contributions received or receivable from: (1) Employers 8a(1) 32839 (2) Participants... 8a(2) (3) Others (including rollovers)..... 8a(3) 277 b Other income (loss) ... 8b c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 33116 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d e Certain deemed and/or corrective distributions (see instructions). 8e 92 f Administrative service providers (salaries, fees, commissions) ... 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) ... 8h 92 i Net income (loss) (subtract line 8h from line 8c)..... **8**i 33024 Transfers to (from) the plan (see instructions) i **8**j Part IV **Plan Characteristics** 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2F 2G 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
с	Was the plan covered by a fidelity bond?	10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х	
9	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
į	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part M Pension Funding Compliance

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch 5500) and line 11a below)	edule SB	(Form	Yes	X No
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11a			
40				N/.	

12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of El	RISA? 📔 📋	Yes X	No 🛛
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulingMonth granting the waiver. Day Year

Form 5500-SF 2014 Page 3 -	1					
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	skip to line 13.					
b Enter the minimum required contribution for this plan year		12b				
c Enter the amount contributed by the employer to the plan for this plan year		12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus negative amount).		12d				
Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	N	o []	N/A
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?	>L>=L+		Yes X	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another p of the PBGC?		control			Yes	X No
C If during this plan year, any assets or liabilities were transferred from this plan to another pl which assets or liabilities were transferred. (See instructions.)	lan(s), identify the plan(s)	to				
13c(1) Name of plan(s):	1	3c(2) E	1	3c(3) F	PN(s)	
Part VIII Trust Information (optional)						
14a Name of trust		14b ⊺	rust's EIN			

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