Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit WOODLAND CREEK PHYSICAL THERAPY, LLC 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 07/27/2004 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number WOODLAND CREEK PHYSICAL THERAPY, LLC (EIN) 91-2023444 Sponsor's telephone number 360-412-1367 5205 CORPORATE CTR. CT. SE, STE. C LACEY, WA 98503 Business code (see instructions) 621340 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 3 d(2) Total number of active participants at the end of the plan year..... 5d(2) 3 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested.

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	true, correct, and complete.							
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2015	SCOTT ENSIGN					
	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 spons					
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)								

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the control of the plan cannot be a control of the cont	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	nnt (IC d d use	PA) Form	5500.		X	Yes Yes	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No L	Not	deterr	nined
Par	t III Financial Information		Г		-					
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of Ye		
	Total plan assets	7a 	3374	102	_				37569	98
	Total plan liabilities	7b	3374	102					37569	ne
	Net plan assets (subtract line 7b from line 7a)	7c		+02			/L. \ 7		37308	90
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	67	712						
	(2) Participants	8a(2)	154	110						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	161	174						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3829	96
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							3829	96
j_	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension									
b Part		eature cod	les from the List of Plan Charac	cterist	1		he instruct			
10	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tione withi	n the time period described in	Ī	Yes	No		Amo	unt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Cor	rection Program)	10a		Χ				
	on line 10a.)	····		10b		X				
c	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X					1137
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
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		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance				<u> </u>					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		he let Yea		ing

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
С	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I Annual Repo	rt Identification Information				
For calendar plan year 2014 or	fiscal plan year beginning		nd ending	12/31/	
A This return/report is for:	x a single-employer plan ☐ a one-participant plan	a multiple-employer plan (not of participating employer infor a foreign plan			
B This return/report is	the first return/report	the final return/report			
D This return eport is	an amended return/report	(less than 12 m	onths)		
C Check box if filling under:	Form 5558	automatic extension	(1000 than 12 th	DFVC p	program
	special extension (enter desc	ription)			
Part II Basic Plan In	formation—enter all requested in	facus attach			
1a Name of plan	ilorination—enter all requested in	IIOIIIIatioii		1b Three-digit	•
	SICAL THERAPY, LLC 401	1(K) PLAN		plan numb	
				1c Effective d 07/27/	
	address; include room or suite numb SICAL THERAPY, LLC	per (employer, if for a single-employ	er plan)		dentification Number -2023444
5205 CORPORATE CTR	c. CT. SE, STE. C			2c Sponsor's 360-41:	telephone number 2-1367
LACEY	WA 98503			2d Business of 621340	code (see instructions)
3a Plan administrator's name	and address XSame as Plan Spon	nsor.		3b Administra	tor's EIN
	the plan sponsor has changed since	e the last return/report filed for this p	lan, enter the	4b EIN	
name, EiN, and the plan a Sponsor's name	number from the last return/report.			4c PN	
name, EIN, and the plan a Sponsor's name Total number of participar	number from the last return/report.			4c PN 5a	
name, EIN, and the plan a Sponsor's name 5a Total number of participal b Total number of participal	number from the last return/report. Ints at the beginning of the plan year			4c PN 5a	
name, EIN, and the plan a Sponsor's name 5a Total number of participar b Total number of participar c Number of participants wi complete this item)	number from the last return/report. Ints at the beginning of the plan year ints at the end of the plan year	f the plan year (defined benefit plan	s do not	4c PN 5a 5b 5c	3
name, EIN, and the plan a Sponsor's name 5a Total number of participar b Total number of participar c Number of participants wi complete this item)	number from the last return/report. Ints at the beginning of the plan year ints at the end of the plan year	f the plan year (defined benefit plan	s do not	4c PN 5a 5b 5c	3
name, EIN, and the planta a Sponsor's name 5a Total number of participal b Total number of participal c Number of participants with complete this item)	number from the last return/report. Ints at the beginning of the plan year ints at the end of the plan year	f the plan year (defined benefit plan	s do not	4c PN 5a 5b 5c	3 3 3
name, EIN, and the planta a Sponsor's name 5a Total number of participar b Total number of participants with complete this item) d(1) Total number of active d(2) Total number of active e Number of participants that	number from the last return/report. Ints at the beginning of the plan year ints at the end of the plan year with account balances as of the end of participants at the beginning of the p	f the plan year (defined benefit plan plan year plan year with accrued benefits tha	s do not	4c PN 5a 5b 5c 5d(1)	3 3 3 3
name, EIN, and the plant a Sponsor's name 5a Total number of participar b Total number of participants c Number of participants with complete this item) d(1) Total number of active d(2) Total number of active e Number of participants that less than 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completes	number from the last return/report. Into at the beginning of the plan year into at the end of the plan year with account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the terminated employment during the or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary,	f the plan year (defined benefit plan plan year plan year with accrued benefits tha pri/report will be assessed unless uctions, I declare that I have examin	s do not t were reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if	3 3 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
name, EIN, and the planta a Sponsor's name 5a Total number of participar b Total number of participants with complete this item) d(1) Total number of active d(2) Total number of active e Number of participants that less than 100% vested Caution: A penalty for the la	number from the last return/report. Into at the beginning of the plan year into at the end of the plan year with account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the terminated employment during the or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary,	olan year (defined benefit plan plan year plan year with accrued benefits tha pri/report will be assessed unless actions, I declare that I have examin as well as the electronic version of	s do not t were reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if	3 3 3 0 od. applicable, a Schedule
name, EIN, and the plan a Sponsor's name 5a Total number of participar b Total number of participants wire complete this item) d(1) Total number of active d(2) Total number of active e Number of participants that less than 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and constructions.	number from the last return/report. Into at the beginning of the plan year into at the end of the plan year with account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the terminated employment during the other penalties set forth in the instructional signed by an enrolled actuary, complete.	f the plan year (defined benefit plan plan year	s do not t were reasonable ca ed this return/re this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if t, and to the best	3 3 3 0 0 0 applicable, a Schedule of my knowledge and
name, EIN, and the plan a Sponsor's name 5a Total number of participar b Total number of participants wi complete this item) d(1) Total number of active d(2) Total number of active e Number of participants that less than 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and considerable signature of plan Si	number from the last return/report. Into at the beginning of the plan year into at the end of the plan year It account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the last terminated employment during the last terminated employment in the instruction of the penalties set forth in the instruction of the plan year.	olan year (defined benefit plan plan year with accrued benefits that the plan year with accrued benefits that the plan year will be assessed unless uctions, I declare that I have examinas well as the electronic version of the plan year with accrued benefits that the plan year. Output	s do not t were reasonable ca ed this return/re this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if rt, and to the best dual signing as placed.	3 3 3 0 0 0 applicable, a Schedule of my knowledge and
name, EIN, and the plan a Sponsor's name 5a Total number of participar b Total number of participants c Number of participants wi complete this item) d(1) Total number of active d(2) Total number of active e Number of participants tha less than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB complete belief, it is true, correct, and co	number from the last return/report. Into at the beginning of the plan year into at the end of the plan year into at the end of the plan year It account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the lother penalties set forth in the instruction of the penalties of the plan year.	olan year (defined benefit plan plan year with accrued benefits that rn/report will be assessed unless as well as the electronic version of Date Ente	reasonable cathis return/report ENSIGN	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if t, and to the best dual signing as place.	3 3 3 4 4 3 0 4 4 applicable, a Schedule of my knowledge and an administrator
name, EIN, and the plan a Sponsor's name 5a Total number of participar b Total number of participants wi complete this item) d(1) Total number of active d(2) Total number of active e Number of participants that less than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and color SIGN HERE Signature of plan Signature of em	number from the last return/report. Into at the beginning of the plan year into at the end of the plan year It account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the last terminated employment during the last terminated employment in the instruction of the penalties set forth in the instruction of the plan year.	f the plan year (defined benefit plan plan year with accrued benefits that rn/report will be assessed unless as well as the electronic version of Date Ente	r name of indivic	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established a port, including, if t, and to the best dual signing as plated and a signing as emitted as a signing as emitted and a signing as emitted an	applicable, a Schedule of my knowledge and

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	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a superior of the plan be a	an indeper and condit	ndent qualified public accounta ions.)	nt (IQ	PA)		X Yes No
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	r			(b) End of Year
а	Total plan assets	7a	33	3740	2		375698
b	Total plan liabilities	7b					
c	Net plan assets (subtract line 7b from line 7a)	7c	33	3740)2		375698
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	0-(4)		671	2		
	(1) Employers	8a(1)	-	L541	-		<u>전기 : 기계 등 명화하는 것이를 위한 경험</u> 이 되어 보고 했습니다.
	(2) Participants	8a(2)	-	1341	.0		
	(3) Others (including rollovers)	8a(3)	-	L617	7.4		역 사용 기계 전 10 시간 (1982년 - 1982년 - 1982년 - 1982년 - 1982
	Other income (loss)	8b		LOT /	-3	1 12 1	38296
	Benefits paid (including direct rollovers and insurance premiums	8c					30290
	to provide benefits)	8d			473		
е	Certain deemed and/or corrective distributions (see instructions)	8e				t i i i i i	
f	Administrative service providers (salaries, fees, commissions)	8f				ty ide	
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line 8h from line 8c)	8i					38296
j	Transfers to (from) the plan (see instructions)	8j					
Pai	t IV Plan Characteristics		•		•		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 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	terist	ic Cod	es in t	he 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	iciary Cor	rection Program)	10a		Х	
d 	Were there any nonexempt transactions with any party-in-interest 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 or dishonesty?			10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	Х		1137
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 vear	end.)	10g		Х	
— h		See instru	uctions and 29 CFR	10g		Х	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i			
Part					•		
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 fr					11a	
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X No

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

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

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If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550	0), and sl	cip to line	13.				
	Enter the minimum required contribution for this plan year				12b			•
С	Enter the amount contributed by the employer to the plan for this plan year				12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)				12d			,
е	Will the minimum funding amount reported on line 12d be met by the funding dead	line?				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				-			
13a	Has a resolution to terminate the plan been adopted in any plan year?					Yes X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this yea	ar			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?						☐ Ye	s X No
С	If during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)							
	13c(1) Name of plan(s):			1:	3c(2) E	IN(s)	13c(3) PN(s)
Bart	VIII Trust Information (optional)							
	Name of trust			I	11h -			
144	ivaine or trust				140	rust's EIN		