For	m 5500-SF	Short Form Annu	al Return/Repo Benefit Pla	•	oyee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee				-	etirement		2015
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the			orm is Open to ic Inspection
	enefit Guaranty Corporation	Complete all entries in a	accordance with the in	nstructions to the Form 5	500-SF.	1 451	
Part I For calenda	Annual Report IC	lentification Information al plan year beginning 01/01/2	.015	and ending 1	2/31/2015		
_	urn/report is for:	a single-employer plan	a multiple-employe	employer information in ac	(Filers check	-	
B This retu	ırn/report is	the first return/report an amended return/report	X the final return/repo ☐ a short plan year re	ort eturn/report (less than 12 m	onths)		
C Check b	box if filing under:	Form 5558 special extension (enter desci	automatic extensio	n		FVC progr	am
Part II	Basic Plan Inforr	nation—enter all requested in					
1a Name					1b Three plan n (PN) 1c Effecti	umber	002 plan
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.C			2b Emplo (EIN)	yer Identif	cation Number
	town, state or province, HERAPY WORKS	country, and ZIP or foreign post	al code (if foreign, see i	nstructions)	. ,		none number 19-3131
3091 S. LIBE					2d Busine	ess code (s	see instructions)
CANTON, MS	S 39046					6213	40
3a Plan ad	dministrator's name and	address XSame as Plan Spons	sor.		3b Admin 3c Admin		IN elephone number
		olan sponsor has changed since per from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN		
a Sponso	<i>i</i>				4c PN		
5a Total r	number of participants at	the beginning of the plan year			5a		3
		the end of the plan year			5b		0
	· ·	count balances as of the end of			5c		0
d(1) Tota	al number of active partic	cipants at the beginning of the pl	an year		5d(1)		3
d(2) Tota	al number of active partie	cipants at the end of the plan yea	ar		5d(2)		0
than '	100% vested	rminated employment during the	•		5e		0
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, a te.	ctions, I declare that I ha	ave examined this return/re	port, including	g, if applica	
SIGN	Filed with authorized/va	lid electronic signature.	01/27/2016	MARTI NANCE			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing as	s plan adm	inistrator
SIGN HERE	Cignoture of omnlove	w/wlen energes	Date	Enter nome of individ			
Preparer's	Signature of employed and the second	ne, if applicable) and address (ir		Enter name of individ	Preparer's t		
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see th	e instructions for Form 5	500-SF.			Form 5500-SF (2015)

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s No
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)		· · · · · · · · · · · · · · · · · · ·	·····			X Ye	s 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann									recip o d
	If the plan is a defined benefit plan, is it covered under the PBGC ir	isurance p	logram (see ERISA se	CUON 4	021)?		res	INO	Not dete	emined
Par										
	Plan Assets and Liabilities		(a) Beginning			_		(b) End	d of Year	
· · ·	Total plan assets	. 7a		27	666	_				0
	Total plan liabilities	7b		07	000					0
-	Net plan assets (subtract line 7b from line 7a)	7c			666					0
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int		_		(b)	Total	
	Contributions received or receivable from: (1) Employers	8a(1)		4	320					
	(2) Participants	8a(2)		24	610					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-1	221					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							27	709
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		54	931					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			444					
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							55	5375
i	Net income (loss) (subtract line 8h from line 8c)	8i							-27	666
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 $2J$ $3B$ $3D$	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in	the instru	uctions:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	acterist	tic Coo	des in th	ne instruc	ctions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		х				
b		t? (Do not	include transactions	10b		x				
с	Was the plan covered by a fidelity bond?			10c	х					25000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			100		х				20000
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.).	her person ne or all of	s by an insurance the benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the pla			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g		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	he require	d notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
Part				101	1	<u>I</u>	1	1		
11	Is this a defined benefit plan subject to minimum funding requirem	nents? (If "	Yes " see instructions a	and con	nolete	Scher	lule SR	(Form		

	5500) and line 11a below)			Yes		No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes	Х	No

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-					Т		
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter r Year	uling
lf	you c	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			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?			X Y	es No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0
h							0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th of the PBGC?						X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I			
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Dert	1/111	Truck Information					
Part		Trust Information		116	T	15.1	
14a	Name	e of trust		140	Trust's E	IN	
14c	Nam	ne of trustee or custodian		14d		's or custoo ne number	lian's
Par	t IX	IRS Compliance Questions		1			
15a	Is th	e plan a 401(k) plan?		Y	es	No	
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- ased safe arbor nethod	PP/ACP st	
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Υ	es		
16a	Cheo	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цp	Ratio ercentag est		verage enefit test
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No	
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	avorable	
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Y€	es	No	
19	Were	in-service distributions made during the plan year?		Y	es	No	
	lf "Ye	es," enter amount		19			
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A



For	m 5500-SF	Short Form Annu	ual Return/Report Benefit Plan	of Small Emplo	оуее		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be fil	ed under sections 104 and 4	065 of the Employee R	etirement		2015
	partment of Labor enefits Security Administration	7(b) and 6058(a) of the).	Internal	This Form is Ope Public Inspectio			
Pension Be	nefit Guaranty Corporation	Complete all entries in	accordance with the instr	uctions to the Form 5	500-SF.		
Part	Annual Report	Identification Information	n				
For calenda	ar plan year 2015 or fi	iscal plan year beginning	01/01/2015	and ending		/31/201	
A This ret	urn/report is for:	x a single-employer plan	list of participating en	lan (not multiemployer) pployer information in ac			
		a one-participant plan	a foreign plan				
B This retu	ırn/report is	the first return/report	X the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)		
C Check b	box if filing under:	Form 5558	automatic extension			DFVC prog	Iram
		special extension (enter des	cription)				
Part II	Basic Plan Inf	ormation-enter all requested in				2	
1a Name	and the second se	Citter an requested in			1b Thre	e-diait	T
		rks, Inc. 401(k)				number	002
					1c Effe	ctive date of	
2a Plan st	oonsor's name (empl	oyer, if for a single-employer plan)				15/201	4 ification Number
Mailing	address (include roo	om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos	O, Box)	ructions)	(EIN) 04-36	70517
	CAL THERAPY W					nsor's tele - 859-3	phone number 131
3091 S	. LIBERTY ST				1	ness code .340	(see instructions)
CANTON	1	MS 39046					
3a Plan a	dministrator's name a	nd address XSame as Plan Spor	nsor.		3b Adm	inistrator's	EIN
4 If the r	name and/or EIN of th	ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed f	for this plan, enter the	4b EIN		
10 C	or's name	inder nom the last return/report.			4c PN		
		s at the beginning of the plan year			-		
c Numb	er of participants with	s at the end of the plan year account balances as of the end o	of the plan year (defined ben	efit plans do not	5c		
					5d(1)		
		articipants at the beginning of the			5d(1)		
e Numb	per of participants that	articipants at the end of the plan y t terminated employment during th	ne plan year with accrued be	enefits that were less	5u(2) 5e		
than	100% vested	or incomplete filing of this retu	m/report will be assessed	unless reasonable ca	use is esta	hlished	
Under pena SB or Sche	alties of perjury and o edule MB completed a	ther penalties set forth in the instr and signed by an enrolled actuary,	uctions, I declare that I have	examined this return/re	port, includ	ing, if appl	cable, a Schedule y knowledge and
	true, correct, and con	ipiete.	01:27:16	Marti Nance			
SIGN	My						
	Signature of plan	administrator	Date	Enter name of individ	lual signing	as plan ad	ministrator
SIGN	- m		01.27.16				
	Signature of empl	oyer/plan sponsor name, if applicable) and address	Date	Enter name of individ	the second s	as employ s telephon	and there are a set of the set of
	151.0.1.1.1.1.1	ice and OMB Control Numbers, see	the instructions for Form FFOO	CE			Form 5500-SF (2015

	Form 5500-SF 2015		Page 2								
b A u lf	Vere all of the plan's assets during the plan year invested in eligibl re you claiming a waiver of the annual examination and report of a nder 29 CFR 2520.104-46? (See instructions on waiver eligibility a you answered "No" to either line 6a or line 6b, the plan cann	an indepen and condition ot use For	dent qualified public ac ons.) m 5500-SF and must	instea	nt (IQF d use l	PA) Form	5500.		¥	Yes [Yes [
	the plan is a defined benefit plan, is it covered under the PBGC in	isurance pr	ogram (see ERISA sec	20011 40	21):	···· []				otornin.	
Part	III Financial Information			17		1					
-	Ian Assets and Liabilities		(a) Beginning					(b) End	d of Yea	ar	0
Concernance and and state of	otal plan assets	7a		4	7666						
NAME AND ADDRESS OF OWNER, NAME	otal plan liabilities	7b	and the second		7666						0
Street, or you appropriate party of the	let plan assets (subtract line 7b from line 7a)	70			.7000			(1-)	Total		
	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	nt		-		(a)	Total		
	contributions received or receivable from: 1) Employers	8a(1)		_	4320	0					
	2) Participants	8a(2)		2	24610	0					
Real Property in which the	3) Others (including rollovers)	8a(3)									
PROPERTY AND INCOMES IN COLUMN 2 IS NOT	Other income (loss)	. 8b		-	-1223	1					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								2	7709
	Benefits paid (including direct rollovers and insurance premiums p provide benefits)	. 8d		Ę	5493	1					
ec	Certain deemed and/or corrective distributions (see instructions)	. 8e				_					
f A	dministrative service providers (salaries, fees, commissions)	. 8f			44	4					
g	Other expenses	. 8g				_					
	otal expenses (add lines 8d, 8e, 8f, and 8g)	1									5375
And and the owner of the owner of	Net income (loss) (subtract line 8h from line 8c)				-					- 4	7666
j ٦	ransfers to (from) the plan (see instructions)	· 8j							100		
B Part	2J 3B 3D If the plan provides welfare benefits, enter the applicable welfare to V Compliance Questions	feature cod	les from the List of Plar	n Chara	octerist	ic Cod	les in th	e instru	ictions:		
10	During the plan year:			a and the second se	Yes	No	N/A		Am	ount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	Fiduciary Correction	10a		x x					
	reported on line 10a.)			10b							
С	Was the plan covered by a fidelity bond?	And in case of the local division of the loc	AREA STOLEN AND AND AND AND A SALAR	10c	X			L			25000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x					
e	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of	f the benefits under	10e		x					
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g		X					Counter to mark (solar bits by) first
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	? (See instr	uctions and 29 CFR	10h		х					
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	ed notice or one of the	101							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)		·····				T	(Form] [Yes	No
11a	Enter the unpaid minimum required contribution for all years from	n Schedule	sB (Form 5500) line 4	10			11a			1	<u></u>

		Enter the unpere	
1	2	Is this a defined contribution plan subject to the minimum fundin	g requirements of section 412 of the Code or section 302 of ERISA?

Yes X No

F	orm 5500-SF 2015 Page 3 ·	-						
(lf "Ye	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a If a wa	aiver of the minimum funding standard for a prior year is being amortized in this pla ng the waiver.			. Month	nter the Day	e date of th	e letter ruli Year	ng
	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), an							
b Enter t	he minimum required contribution for this plan year				12b			
c Enter t	he amount contributed by the employer to the plan for this plan year		<u></u>		12c	ì		
d Subtra negat	act the amount in line 12c from the amount in line 12b. Enter the result (enter a min ive amount)	us sig	in to the	e left of a	12d			
e Will th	e 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							
	resolution to terminate the plan been adopted in any plan year?					X Yes	No	
	s," enter the amount of any plan assets that reverted to the employer this year							0
b Were of the	all the plan assets distributed to participants or beneficiaries, transferred to anothe PBGC?	r plan	, or bro	ught under the co	ontrol	X	Yes 🗌 I	No
C If dur which	ing this plan year, any assets or liabilities were transferred from this plan to another assets or liabilities were transferred. (See instructions.)	plan	(s), ider	ntify the plan(s) to				
13c(1)	Name of plan(s):			13c(2)	EIN(s)		13c(3) P	N(s)
Part VIII	Trust Information							
14a Name 14c Name	e of trustee or custodian				14d	Trustee's telephone		an's
Part IX	IRS Compliance Questions							
15a Is the	plan a 401(k) plan?				Y	es	No	
15h If "Ye	s," how does the 401(k) plan satisfy the nondiscrimination requirements for employ- ning contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ee de	ferrals	and employer	b h	Design- based safe ADP/AC harbor test method		
testin	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan ye g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(2)(ii))?	a)(2)((ii) and	1.401(m)-	Y	es	No	
16a Chec	k the box to indicate the method used by the plan to satisfy the coverage requireme	ents u	nder se	ction 410(b):	🗆 p	Ratio ercentage est		erage nefit test
16b Does this p	the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 40 lan with any other plans under the permissive aggregation rules?	01(a)(4) by c	ombining	Y	es	No	
	he plan been timely amended for all required tax law changes?			and a state of the	1	es		N/A nstructions
for ta	the last plan amendment/restatement for the required tax law changes was adopted x law changes and codes).		la	Enter the			,	
advis		elette	r's seria	al number	- Martine Property and in the			0
deter	plan is an individually-designed plan and received a favorable determination letter mination letter							
made	e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA se e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or	the l	J.S. Vir	gin Islands)?	. Ye			
	in-service distributions made during the plan year?				. Y	'es	No	
	s," enter amount						_	
20 Were retire	required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (d), as required under section 401(a)(9)?	regan	uless o	i whether or not	<u> </u> Ү	es	No	N/A