Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

F	Part I Annual Report Identification Information														
Fo	r calenda	r plan year 2015 or	fiscal plan year beginning 01/01/2	2015		and ending 12/3	31/20°	15							
Α	This retu	a single-employer plan a multiple-employer plan (not multiemploye return/report is for:						•							
			a one-participant plan	a foreign	plan										
В	This retu	rn/report is	the first return/report	=	eturn/report	- /									
_	Chaol: b	ox if filing under:	an amended return/report		•	n/report (less than 12 mor	_								
C	Спеск в	ox ir filling under:	Form 5558 special extension (enter desc	ш	c extension		DFVC program								
P	art II	Rasic Plan Inf	formation—enter all requested in	· /											
1a Name of plan BELLEVUE-REDMOND PHYSICAL THERAPY CENTER PROFIT SHARING PLAN								Three-digit blan number	001						
								1c Effective date of plan 01/01/1989							
2 a	Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C					Employer Identification Number (EIN) 91-1695893							
BELI	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BELLEVUE-REDMOND PHYSICAL THERAPY CENTER						2c Sponsor's telephone number								
2227	. 152NΓ	AVE. N.E.					2d Business code (see instructions)								
		VA 98052					621340								
3a	Plan ac	Iministrator's name a	and address Same as Plan Spon	sor.		;	3b /	Administrator's E	EIN						
						7	3c /	Administrator's te	elephone number						
4			he plan sponsor has changed since umber from the last return/report.	the last return	/report filed fo	or this plan, enter the	4b	ΞIN							
а	Sponso	r's name					4c	PN							
5a	Total n	umber of participant	ts at the beginning of the plan year				5a		8						
b			ts at the end of the plan year				5b		8						
С			h account balances as of the end of				5c		8						
C	l(1) Tota	I number of active p	participants at the beginning of the pl	lan year		<u> </u>	5d(1	-	7						
C	d(2) Total number of active participants at the end of the plan year						5d(2	5d(2) 7							
	than 1	00% vested	at terminated employment during the				5e 0								
			e or incomplete filing of this return						oble o Coltadula						
SE	or Sche		other penalties set forth in the instru- and signed by an enrolled actuary, a mplete.												
	GN_	Filed with authorized	d/valid electronic signature.	05/02	2/2016	I. STEVEN CAMPBELL									
HE	RE	Signature of plan	gnature of plan administrator Date Enter name of individu				dual signing as plan administrator								
SIC	GN														

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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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 lf you answered "No" to either line 6a or line 6b, the plan cannot 	an indepenand and condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes	
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No 📗	Not deter	rmined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		314	1969				333	157
b Total plan liabilities	7b		044					000	4.5-7
C Net plan assets (subtract line 7b from line 7a)	7c			1969				333	157
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) T	otal	
(1) Employers	8a(1)		40	0000					
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-16	012					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							239	988
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g		5	800					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							58	300
i Net income (loss) (subtract line 8h from line 8c)	8i							18	188
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 3D	feature coo	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instructi	ons:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?				X					00000
d Did the plan have a loss, whether or not reimbursed by the plan's			10c	^					90000
by fraud or dishonesty?			10d		X				
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.)	ne or all of t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the plan					X				
			10f		-				
g Did the plan have any participant loans? (If "Yes," enter amount as	•	,	10g		X				
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ				
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						
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 requirem 5500) and line 11a below)								Yes	s No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ection 3	302 of El	RISA?	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d	14d Trustee's or custodian's				
140 Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?						Design- based safe ADP/ACP harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Yes No					
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ratio Average benefit te			0		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	17a Has the plan been timely amended for all required tax law changes?						N/A		
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).								
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I		t Identification Information		and andian too						
For calend	iar pian year 2015 or	fiscal plan year beginning 01/01/20 X a single-employer plan		and ending 12/3						
A	Accomplished and the Reserv) (Filers checking this box must attach a accordance with the form instructions)							
A This re	turn/report is for:	a one-participant plan	a foreign plan	e ionn instructions)						
			☐ a loreight plan							
B This ret	urn/report is	the first return/report the final return/report as hort plan year return/report (less than 12 months)								
C Check	box if filing under:		∐ DFVC	program						
		special extension (enter desc	cription)							
Part II	Basic Plan Inf	ormation—enter all requested in	nformation							
1a Name	of plan				1b Three-digi					
BELLEVUE	-REDMOND PHYSIC	AL THERAPY CENTER PROFIT S	SHARING PLAN		plan numb (PN) ▶	er 001				
					1c Effective date of plan					
					01/01/198					
2a Plans	ponsor's name (empl	oyer, if for a single-employer plan)			2b Employer	dentification Number				
		om, apt., suite no. and street, or P.		untions)	(EIN) 91-1	695893				
•	•	ce, country, and ZIP or foreign pos AL THERAPY CENTER	tal code (if foreign, see instr	uctions)		telephone number				
BLLLLYGE	TIEDWOND THE OIL				<u> </u>	425) 643-2928				
						ode (see instructions)				
2227 - 152N	ID AVE. N.E.				621340					
REDMOND.	. WA 98052	₩ =₩			ļ					
3a Plan a	dministrator's name a	and address X Same as Plan Spon	sor.		3b Administrator's EIN					
		_								
					3C Administrator's telephone number					
4					41					
		ne plan sponsor has changed since amber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN					
	or's name				4c PN					
5a Total a	number of participants	s at the beginning of the plan year			5a	8				
		s at the end of the plan year			5b	8				
		account balances as of the end of			F-					
					5c	8				
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	7				
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	7				
e Numb	per of participants that	t terminated employment during the	e plan year with accrued ber	efits that were less	5e	0				
		or incomplete filing of this retur								
Under pena	alties of periury and o	ther penalties set forth in the instru	ctions, I declare that I have	examined this return/rep	port, including, if a	pplicable, a Schedule				
SB or Sche	edule MB completed a	and signed by an enrolled actuary, a	as well as the electronic vers	sion of this return/report	t, and to the best	of my knowledge and				
	true, correct, and com	plee.	119APRZUTG	XJ J. STAT	10.1	144 1				
SIGN HERE	× M		sou							
Signature of plan administrator Date Enter name of individual signing as plan administrator										
SIGN										
HERE		oyer/plan sponsor	Date			ployer or plan sponsor				
Preparer's	name (including firm	name, if applicable) and address (ir	nclude room or suite numbe	r)	Preparer's telepi	none number				

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D	Were all of the plan's assets during the plan year invested in eliging Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can lift the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the plan is a defined benefit plan, is it covered under the plan is a defined benefit plan.	QPA)	A) X Yes : 1								
Pa	rt III Financial Information		9.4 (666 21/16/1					∐No ∐ Not de	etermined		
7	Plan Assets and Liabilities										
a		(a) Beginning of Year						(b) End of Year			
<u>b</u>	Total plan liabilities		7a 314969				333157				
C	Net plan assets (subtract line 7b from line 7a)			314	060	+		000	457		
8	Income, Expenses, and Transfers for this Plan Year		(2) 4		303	+		333	157		
a	Contributions received or receivable from: (1) Employers	. 8a(1)	(a) Amo	400	000			(b) Total			
	(2) Participants	8a(2)									
	(3) Others (including rollovers)					- 15					
b	Other income (loss)	8b		-160)12						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		E, E (0)	Y. T. A		ALC:	239	100		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)					10			700		
_ е	Certain deemed and/or corrective distributions (see instructions)	8e				150			ar de la lace		
f	Administrative service providers (salaries, fees, commissions)	8f				= ',,					
g	Other expenses	8 g	5800			1					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						58	300		
i	Net income (loss) (subtract line 8h from line 8c)	8i				3.01	18188				
j	Transfers to (from) the plan (see instructions)	81					\$ 85.				
Par					_	-					
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature codes	from the List of P	lan Cha	racteri	stic Co	odes in	the instructions:			
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes f	rom the List of Pla	n Char	acteris	tic Cod	les in th	he instructions:			
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 contributions described in 29 CFR 2510.3-102? (See instructions and DOL's Volence and DOL	oluntary Fiduo	iary Correction	40-		х	Ħ.		<u> </u>		
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not inclu	de transactions	10a 10b		х					
C	Was the plan covered by a fidelity bond?			10c	х				90000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	idelity bond t	hat was raused	10d		х					
е	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons by	an insurance	10e		х					
f	Has the plan failed to provide any benefit when due under the plan'			10f		х					
	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х	V 12 1				
h	If this is an individual account plan, was there a blackout period? (S	See instruction	s and 29 CER	10g 10h		x					
j	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required noti	ce or one of the	10ii		\neg					
·j	Did the plan trust incur unrelated business taxable income?			10j							
art \											
	s this a defined benefit plan subject to minimum funding requiremer 5500) and line 11a below)				<u></u>	· · · · · · · · · · · · · · · · · · ·		Form Yes	No		
11a	Enter the unpaid minimum required contribution for all years from So	chedule SB (F	orm 5500) line 40				11a				

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

Yes X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ir granting the waiver.	structions, and Month	enter th		f the letter Year	ruling		
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line							
	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		_			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d					
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A			
Par	t VIII Plan Terminations and Transfers of Assets		<u> </u>		<u></u>			
_13	Has a resolution to terminate the plan been adopted in any plan year?		.]	Yes X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a			0		
k	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	aht under the c	ontrol	[Yes X	No		
		fy the plan(s) to)					
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Person man					,			
Par	Trust Information					-		
14a	Name of trust		14b Trust's EIN					
140	Name of trustee or custodian	14d Trustee's or custodian's telephone number						
Pa	IRS Compliance Questions							
158	I s the plan a 401(k) plan?		Ye	S	No			
15k	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employer	ba ba	sign- sed safe rbor ethod		ADP/ACP test		
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(ii))?	rrent year)1(m)-	Yes	3	No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ra per tes	rcentage		erage nefit test		
165	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining plan with any other plans under the permissive aggregation rules?	oining	Yes	· · ·	No			
17a	Has the plan been timely amended for all required tax law changes?		Yes	;	No	□ N/A		
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap	-			structions		
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter planadvisory letter, enter the date of that favorable letter and the letter's serial n	umber				or		
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, en determination letter		he plan	's last fav	orable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin I	nas been slands)?	Yes		No			
19	Were in-service distributions made during the plan year?		Yes		No			
	If "Yes," enter amount		19					
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of who retired) as required under section 401(a)(9)?	ether or not	Yes		∏No	∏ N/A		