## 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pai	rt I Annual	Report Ide	entification Information	n					
For c	alendar plan year	2015 or fisca	I plan year beginning 01/01	/2015 and ending 12	2/31/20	015			
<b>A</b> TI	his return/report is	s for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		_			
<b>B</b> Th	is return/report is		the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)				
<b>C</b> C	heck box if filing u	ınder:	Form 5558 special extension (enter des	automatic extension cription)		DFVC progr	am		
Par	t II Basic P	lan Inform	nation—enter all requested i	nformation					
1a N	Name of plan		ICAL THERAPY 401K PLAN	The state of the s	1b	Three-digit plan number (PN)	001		
					1c	Effective date of 07/0	plan 1/2014		
Ν	Mailing address (ir	nclude room, a	, if for a single-employer plan) apt., suite no. and street, or P.			()	904171		
ORTHOPEDIC AND SPORTS PHYSICAL THERAPY LLC				(ii 1010)g., 000 ii 0110110,	2c Sponsor's telephone number 859-264-0512				
	LAUDIT PLACE, S GTON, KY 40509	SUITE B			2d	Business code (	,		
<b>3a</b> F	Plan administrator'	's name and a	address XSame as Plan Spoi	nsor.		Administrator's E	EIN elephone number		
			an sponsor has changed since er from the last return/report.	e the last return/report filed for this plan, enter the	4b	EIN			
<b>a</b> 9	Sponsor's name				4c				
5a <sup>-</sup>	Total number of pa	articipants at t	the beginning of the plan year		5	a	26		
<b>b</b> -	Total number of pa	articipants at t	the end of the plan year		5	b	25		
				f the plan year (defined benefit plans do not	5		21		
d(1	l) Total number of	f active partici	pants at the beginning of the	plan year	5d	(1)	24		
d(2	2) Total number of	f active partici	pants at the end of the plan y	ear	5d	(2)	24		
	than 100% vested	d		ne plan year with accrued benefits that were less	5		0		
				rn/report will be assessed unless reasonable cau			ahla a Cahaalul		
SB or		mpleted and s	signed by an enrolled actuary,	uctions, I declare that I have examined this return/repart as well as the electronic version of this return/report					

SIGN HERE

Filed with authorized/valid electronic signature.

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

Signature of employer/plan sponsor

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

Preparer's telephone number

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b	Were all of the plan's assets during the plan year invested in eligib 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 cann	an indepe and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No	∐ N	lot dete	rmined
Par	t III Financial Information		1								
7	Plan Assets and Liabilities		(a) Beginning					(b) Eı	nd of		
	Fotal plan assets	. 7a		33	024	-				102	2867
	Fotal plan liabilities	. 7b		22	024	-				100	2867
	Net plan assets (subtract line 7b from line 7a)	. 7c	(a) A		0024	+		/1-	\ <b>T</b> -4		2007
	ncome, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amou	ınt				<u>a)</u>	) Tota	aı	
	1) Employers	. 8a(1)									
	2) Participants	. 8a(2)		71	871						
	3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	. 8b		-1	345						
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								70	)526
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d			183						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f			500						
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									683
	Net income (loss) (subtract line 8h from line 8c)	. 8i								69	9843
	Fransfers to (from) the plan (see instructions)	8j									
Par		<b>(</b> 1	also form that is a CDI	01		- 1' - 0 -		h - 1			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	reature co	odes from the list of Pi	an Cna	racteris	Stic Co	aes in i	ne insi	ructic	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Coc	les in th	e instr	uctior	ns:	
Part						I	L 1/4		<del>_</del>		
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period		Yes	No	N/A		A	moun	!
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest			400		X					
	reported on line 10a.)			10b							
	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 by fraud or dishonesty?			10d		X					
е	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	the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla			10f		Х					
-	Did the plan have any participant loans? (If "Yes," enter amount a					X					
<u>g</u> h	If this is an individual account plan, was there a blackout period?			10g		^					
•••	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							
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)									Ye	s X No
11a	Enter the unpaid minimum required contribution for all years from						11a				<u></u>
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ection 3	302 of E	RISA?	,	Ye	s X No

	F	orm 5500-SF 2015 Page <b>3</b> - 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 1	Γrust's EIN	١				
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's			
140 Name of tractice of custodian						telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	S	No				
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP			
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)-	Ye	S	No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test			
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	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions			
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			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

## 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

B	fi identification miormation		and anding 40104	1/004 <i>E</i>	<del></del>					
For calendar plan year 2015 or	fiscal plan year beginning 01/01/20		and ending 12/31	•						
A This return/report is for:	X a single-employer plan			(Filers checking this box must attach a coordance with the form instructions)						
A mis recumreport is for.	a one-participant plan	a foreign plan	yor information at doc	orderioo war the	ionn monadaone,					
B This return/report is	the first return/report	the final return/report								
	an amended return/report	a short plan year return/re	port (less than 12 mo	nths)						
C Check box if filing under:	Π			☐ DFVC program						
Check box it ming under.	Form 5558	automatic extension		∏ p⊦vc b	orogram					
	special extension (enter desc									
	formation—enter all requested in	nformation		41						
1a Name of plan ORTHOPEDIC AND SPORTS P	HYSICAL THERAPY 401K PLAN			1b Three-digit plan number	r					
				(PN)	001					
				1c Effective date 07/01/2014	le of plan					
	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer Id (EIN) 27-290	entification Number					
	nce, country, and ZIP or foreign pos		ions)	2c Sponsor's te	elephone number					
			-		59) 264-0512 de (see instructions)					
1868 Plaudit Place, Suite B				621340	de (see instructions)					
1000 Plaudit Place, Suite B				32.3.3						
Lexington, KY 40509										
3a Plan administrator's name	and address 🏿 Same as Plan Spor	,108a		3b Administrato	or's EIN					
			-	30 Administrate	r'a talanhara numbar					
				oc Administrate	or's telephone number					
A Marke was and a City of	the plan analysis has abangod always	the lest return/report filed for t	his plan enter the	Ah rut						
4 If the name and/or EIN of the name. EIN, and the plan name.	the plan sponsor has changed since number from the last return/report.	the last return report filed for t	nis pian, enter the	4b EIN						
a Sponsor's name	,			4c PN						
5a Total number of participan	ts at the beginning of the plan year.			5a	26					
	ts at the end of the plan year		Γ	5b	25					
	h account balances as of the end of	· ·	P	5c	21					
·			ſ		24					
	participants at the beginning of the p		Γ	5d(1)						
,	participants at the end of the plan ye			5d(2)	24					
	at terminated employment during th	- •	1	5e	0					
Caution: A penalty for the late	e or incomplete filing of this retu	n/report will be assessed un	less reasonable cau	se is established						
Under penalties of perjury and a SB or Schedule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,	ictions, I declare that I have exa as well as the electronic versio	amined this return/rep n of this return/report.	ort, including, if ap and to the hest of	oplicable, a Schedule f my knowledge and					
_belief, it is true, correct, and cor		To those do the cheer and to teles			,					
SIGN LAW	MAMANA	1 17/22/16 14	AMES J. ROTHBAUE	R						
HERE OF THE PROPERTY OF THE PR										
Signature of elap	administrator	Date E	Enter name of individu	ıal sigping aş plan	administrator					
Signature of pray	administrator		Enter name of individu	al signing as plan	administrator					
SIGN Signature of prairies	M. Manak	7/22/16	fm At	Hunk						
Signature of prapa Sign HERE Signature of emp	Moyeri plant's ponsor	) 7/11/16 E	fm At	Hunk	loyer or plan sponsor					
Signature of prapa Sign HERE Signature of emp	M. Manak	) 7/11/16 E	fm At	all signing as emp	loyer or plan sponsor					
Signature of praparative of emp	Moyeri plant's ponsor	) 7/11/16 E	fm At	all signing as emp	loyer or plan sponsor					
Signature of praparative of emp	Moyeri plant's ponsor	) 7/11/16 E	fm At	all signing as emp	loyer or plan sponsor					

	Form 5500-SF 2015		Page <b>2</b>									
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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot feel the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condit not use Fo	ndent qualified public a tions.) orm 5500-SF and mus	ccount	ant (IQ ad use	PA)	5500.			Yes Yes		No No
	t III Financial Information					L.	, 1					
1		- 1, - 1, - 1, - 1, - 1, - 1, - 1, - 1,	/ / / / / / / / / / / / / / / / / / / /			Т						
	Plan Assets and Liabilities		(a) Beginning	3302 3302		+		(b) Enc		ear 02867		
	Total plan assets			0002		+				02007		
	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	<del>1                                    </del>	<u> </u>	3302	D4	+				02867		
•	· · · · · · · · · · · · · · · · · · ·	. 7c	(-) 4			+				02007		
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amoi	ant				(0)	Total		123.4	
	(1) Employers	. 8a(1)				10000						
	(2) Participants	. 8a(2)		7187	71					Processia de la composición del composición de la composición de l		A 10.000
. (	(3) Others (including rollovers)	. 8a(3)				100		P	Providence			
b (	Other income (loss)	. 8b	1007	-134	15			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								70526		
	Benefits paid (including direct rollovers and insurance premiums	0-1		18	3	77.75						
,	to provide benefits)	. 8d										
		. 8e		50	00							
	Administrative service providers (salaries, fees, commissions)				-							
	Other expenses	8g								683	VIII.	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h . 8i	- The second of							69843		
	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	<b>T</b>				- P. D.						
Par		·  8j							veri il Viliani			
	2E 2J 2K 2F 2G 3D  If the plan provides welfare benefits, enter the applicable welfare f	feature coo	les from the List of Pla	n Chara	acterisi	tic Cod	des in th	e instruc	tions:			
Part	**************************************	·····					T					
10	During the plan year:				Yes	No	N/A	<u> </u>	Am	ount		
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		х						
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		х						
С	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 by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		х						
е	Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		х						
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		х						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		х	7.105en is.					
h		(See instri	uctions and 29 CFR	10h		х		1 A 7 A 7 A 7 A 7 A 7 A 7 A 7 A 7 A 7 A				
i	If 10h was answered "Yes," check the box if you either provided t 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?			10i								
Part	999.50.50			)	L	I	1	L				
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)									Yes	X	No
11a							11a					
12	Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?		Yes	X	No
											_	

Form 5500-SF 2015 Page <b>3 -</b> 1					
(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 in granting the waiver		enter the Day_		ne letter ruli Year	ing ——
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.	- 1	<del></del>		
<b>b</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 negative amount)		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?			Yes	X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro of the PBGC?				Yes X	No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the plan(s) to				
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)
Part VIII Trust Information		1			
14a Name of trust		14b ⊤	rust's EIN		
14c Name of trustee or custodian			Trustee's elephone	or custodia number	ın's
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan?		Yes		No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals a matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		∏ ba ha	sign- sed safe rbor ethod	ADP.	/ACP
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the 'testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1 2(a)(2)(ii))?	.401(m)-	Yes		∏No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sec		Ra per tes	rcentage	Aver bene	rage efit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by co this plan with any other plans under the permissive aggregation rules?		Yes	•	No	
17a Has the plan been timely amended for all required tax law changes?		Yes		No	□ N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a				structions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter padvisory letter, enter the date of that favorable letter and the letter's series.		t to a fa	orable IR	S opinion o	or —————
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, determination letter	enter the date of	the 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)(made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virg		Yes		No	
19 Were in-service distributions made during the plan year?		Yes	<b>:</b>	No	
if "Yes," enter amount		19			
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of retired), as required under section 401(a)(9)?		Yes	3	No	□ N/A