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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	port Identification Information								
For calendar plan year 201	5 or fiscal plan year beginning 07/01/2015		and ending 06	6/30/2016					
A This return/report is for			plan (not multiemployer) employer information in ac						
The second secon		a foreign plan	, , ,		,				
B This return/report is		the final return/repor							
_	an amended return/report a short plan year return/report (less than 12 months)								
C Check box if filing unde	N r simi sees	automatic extension	1	DFVC	program				
	special extension (enter description	•							
	Information—enter all requested information	ation		41					
1a Name of plan LOUISVILLE PEDIATRIC T	HERAPY CENTER 401(K) PLAN			1b Three-digi					
				(PN) •					
				I Elicotive c	07/01/2013				
Mailing address (include	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)								
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOUISVILLE PEDIATRIC THERAPY CENTER					telephone number 502-584-9781				
			2d Business code (see instructions)						
9810 BLUEGRASS PARKW. LOUISVILLE, KY 40299	810 BLUEGRASS PARKWAY OUISVILLE, KY 40299				621340				
3a Plan administrator's na	ame and address XSame as Plan Sponsor.			3b Administra	ator's EIN				
				3c Administra	ator's telephone number				
4 If the name and/or EIN	N of the plan sponsor has changed since the la	ast return/report filed	for this plan, enter the	4b EIN					
name, EIN, and the p	lan number from the last return/report.	20t 10tan #10p ont 11100	rer and plan, error are						
a Sponsor's name				4c PN	00				
	ipants at the beginning of the plan year		i	5a	20				
·	sipants at the end of the plan year		i	5b	19				
	s with account balances as of the end of the p			5c	15				
d(1) Total number of act	ive participants at the beginning of the plan ye	ear		5d(1)	18				
	tive participants at the end of the plan year			5d(2)	16				
than 100% vested	ts that terminated employment during the plan			5e	0				
	e late or incomplete filing of this return/rep								
	and other penalties set forth in the instructions eted and signed by an enrolled actuary, as we d complete.								
SIGN Filed with auth	orized/valid electronic signature.	04/03/2017	LAUREN SMITH						
HERE Signature of	plan administrator	Date	Enter name of individu	ual signing as pla	an administrator				
SIGN									
HERE Signature of	employer/plan sponsor	Date	Enter name of individu	ual signing as em	nployer or plan sponsor				
	firm name, if applicable) and address (include	e room or suite num		Preparer's telep	· · · · · · · · · · · · · · · · · · ·				

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 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 cannot be a second or line 6b. 	an indepenand	dent qualified public a	account	ant (IQ	PA)			□ □ .	es No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not de	termined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	g of Ye	ar			(b) End	of Year	
a Total plan assets	. 7a		1066	755				113	37498
b Total plan liabilities	. 7b								
C Net plan assets (subtract line 7b from line 7a)	. 7c		1066	3755					37498
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) T	otal	
Contributions received or receivable from: (1) Employers	. 8a(1)		11	912					
(2) Participants	. 8a(2)		43	3483					
(3) Others (including rollovers)	. 8a(3)								
b Other income (loss)	. 8b		15	348					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							7	0743
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								
i Net income (loss) (subtract line 8h from line 8c)	. 8i							7	0743
j Transfers to (from) the plan (see instructions)	- 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare f	Saatura aada	as from the List of Dis	n Char	- at a ri at	io Coo	ام ام ام	a in a tru a t	ionor	
in the plan provides welfare benefits, effer the applicable welfare i	eature coue	es nom the List of Pla	II Char	acterist	.10 000	162 111 1116	e mstruct	10115.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	nt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	/oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest			401		X				
reported on line 10a.)			10b	.,					
C Was the plan covered by a fidelity bond?			10c	X					125000
d Did the plan have a loss, whether or not reimbursed by the plan's 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					4788
f Has the plan failed to provide any benefit when due under the pla					Х				1700
g Did the plan have any participant loans? (If "Yes," enter amount a			101		X				
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 to 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)								Y	es X No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			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	ction 3	302 of E	RISA?	Y	es X No

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	(If "Ye	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 in ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal		
b	Enter th	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				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No		
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No	
С	If durin	PBGC? ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>		
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)	
	100(1)	uno oi piuntoj.	130(2)	L114(3)		130(3)	· V (3)	
Dant		Turnet hafe amount on						
Part	Name o	Trust Information		14b Trust's EIN				
ı T a	Name 0	ii iiust		140	TUSES EII	14		
14c	Name	of trustee or custodian		14d Trustee's or custodian's telephone number				
				telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	s	No		
					esign-			
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)?		based safe ADP/ACI harbor test				
450				method				
150		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 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Yes No				
	2(a)(2)	(ii))?		□ Ra	atio			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	nercentage A			erage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye	s	No		
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	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 fa	vorable		
18	Is the I	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

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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calend	lar plan year 2015 or fi	scal plan year beginning 07/01/20	15	and ending 06/3	30/2016	- 20.00				
A This re	turn/report is for	X a single-employer plan		lan (not multiemployer) ployer information in a						
*		a one-participant plan	a foreign plan			•				
B This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension DFVC program							
Dort II	Dania Dlan Info	special extension (enter descr								
Part II		rmation—enter all requested inf	ormation		1b Three-digit	70 00.0 00.0000000000000000000000000000				
1a Name Louisville Pe	of plan ediatric Therapy Cente	r 401(k) Plan			plan number (PN)	001				
1c Effective date of plan 07/01/2013										
Mailing	ponsor's name (emplo g address (include roor	uetie e e \	2b Employer Idea (EIN) 46-2804							
G02 40 € (0.5 d.2)	ediatric Therapy Center	e, country, and ZIP or foreign posta r	ar code (ir foreign, see instr	uctions)	2c Sponsor's tell (502	ephone number 2) 584-9781				
9810 Blueon	ass Parkway				2d Business cod 621340	e (see instructions)				
Louisville, K	E. 0.000									
	March 1	id address X Same as Plan Spons	or	700000	3b Administrator's EIN					
					3c Administrator's telephone number					
					Į.					
4 If the r	name and/or EIN of the	plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN					
name,		nber from the last return/report	7e. 1		4c PN					
		at the beginning of the plan year			5a	20				
		at the end of the plan year			5b	19				
	er of participants with a	account balances as of the end of t		fit plans do not	5c	15				
		ticipants at the beginning of the pla	an year		5d(1)	. 18				
		rticipants at the end of the plan yea			5d(2)	16				
than '	100% vested	terminated employment during the			5e	0				
Caution: A	penalty for the late	or incomplete filing of this return ner penalties set forth in the instruc	/report will be assessed	unless reasonable cau	use is established.	licable a Schedule				
SB or Sche	alties of perjury and off edule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, a	s well as the electronic ver	sion of this return/report	t, and to the best of	my knowledge and				
SIGN	Lauren	Smith	4-3-17	Lauren Smith						
HERE C	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as plan a	dministrator				
SIGN										
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ						
Preparer's	name (including firm n	ame, if applicable) and address (in	clude room or suite number	r)	Preparer's telepho	ne number				
						DIVI				
8				1		3				

Form		

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6a h	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)								X	Yes		No
. ~	under 29 CFR 2520 104-46? (See instructions on waiver eligibility	and condi	tions.)	accoun	ant (10	(PA)			X	Yes	П	No
	If you answered "No" to either line 6a or line 6b, the plan cann	not use Fo	orm 5500-SF and mus	st inste	ad use	Form	5500.		_		_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	program (see ERISA s	ection 4	021)?	[Yes	No [Not o	letern	nıned	i
Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End o	of Yea	ar		
a	Total plan assets									7498		
b	Total plan liabilities	Total plan liabilities										
c	Net plan assets (subtract line 7b from line 7a)	. 7c		106675	55				113	7498		
_8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) To	tal			_
а	Contributions received or receivable from:			1191	2							
	(1) Employers	8a(1)		4348		+-						
_	(2) Participants	8a(2)		4040		+			1			
	(3) Others (including rollovers)	8a(3)		1534	10	-	***************************************		-			
	Other income (loss)	8b		1034		+-			7/	743		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				+			/(1/43		
	to provide benefits)	8d										3
	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	3									
i	Net income (loss) (subtract line 8h from line 8c)	8i							7	0743		_
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	feature co	des from the List of Pl	an Cha	racteris	stic Co	odes in t	he instructi	ions.			_
	2E 2F 2G 2J 2K 3D 2T			- 01	-4	:- 0		- in-t				
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	ic Coc	ies in tri	e instructio	ns.			
Part	V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amoi	unt		_
a	Was there a failure to transmit to the plan any participant contribu	tions within	n the time period									_
	described in 29 CFR 2510 3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a)			10b		Х						
С	Was the plan covered by a fidelity bond?			10c	Х					1	2500	0
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х						
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	х						478	8
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 a	s of year e	end.)	10g		X						
_	If this is an individual account plan, was there a blackout period? (2520.101-3)	(See ınstru		10h		х						
i	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											
	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)	ents? (If "	Yes," see instructions	and con	nplete	Sched	iule SB	(Form		Yes	ΧN	lo_
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a					
12	Is this a defined contribution plan subject to the minimum funding				e or se	ction :	302 of E	RISA?		Yes	ΧV	10

		Form 5500-SF 2015 Page 3 - 1]						
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
;	a Ifav	vaiver of the minimum funding standard for a prior year is being amortized in this plan year ting the waiver	, see instructions, and		e date of ti		ıling		
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip		Day		Year			
		the minimum required contribution for this plan year		12b					
		the amount contributed by the employer to the plan for this plan year		12c					
	Subtr	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign tive amount)	to the left of a	12d					
		he minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
		Plan Terminations and Transfers of Assets							
138	a Hasa	a resolution to terminate the plan been adopted in any plan year?			X Yes	No			
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year		13a			0		
b	of the	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, epper PBGC?				Yes 🛛	No		
	If duri	ing this plan year, any assets or liabilities were transferred from this plan to another plan(s) assets or liabilities were transferred. (See instructions.)), identify the plan(s) to)					
	13c(1) l	Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Par	t VIII	Trust Information				*			
14a	Name o	of trust	T-700-100-100-100-100-100-100-100-100-100	14b T	rust's EIN				
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
					cicphone	number			
Par	tIX	IRS Compliance Questions							
15a	l Is the	plan a 401(k) plan?		Ye	8	No			
15h		n," how does the 401(k) plan satisfy the nondiscrimination requirements for employee defering contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- sed safe rbor ethod	ADP/ACP test			
150	testing	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) (ii))?	and 1 401(m)-	Yes		No			
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under		□ Ra	rcentage		rage efit test		
16b	Does to	he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) and with any other plans under the permissive aggregation rules?	by combining	Yes	5	No			
		e plan been timely amended for all required tax law changes?		Yes		No	□ N/A		
	for tax	ne last plan amendment/restatement for the required tax law changes was adopted law changes and codes)					structions		
	adviso	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume subm ry letter, enter the date of that favorable letter and the letter's	serial number		·		or		
17d		olan is an individually-designed plan and received a favorable determination letter from the innation letter	IRS, enter the date of	the plan	s last favo	orable			
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 10 , American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S	22(i)(2) has been . Virgin Islands)?	Yes		∏No			
19	Were in	n-service distributions made during the plan year?		Yes	3	No			
	If "Yes,	," enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 ½ (regardless), as required under section 401(a)(9)?		Yes	\$	No	N/A		