## 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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part	I Annual Repor	t Identification Information				
For cale	endar plan year 2016 or	fiscal plan year beginning 07/01/20	)16	and ending 03/	07/2017	
<b>A</b> This	return/report is for:	a single-employer plan		olan (not multiemployer) (F Imployer information in acc	_	
		a one-participant plan	a foreign plan	, ,		,
<b>B</b> This	return/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	urn/report (less than 12 mo	nths)	
C Che	ck box if filing under:	Form 5558	automatic extension		DFVC progra	am
	. [	special extension (enter descri	· ,			
Part I		formation—enter all requested info	ormation			
	me of plan LLE PEDIATRIC THERA	APY CENTER 401(K) PLAN			1b Three-dig plan num (PN) ▶	
					1c Effective	
		loyer, if for a single-employer plan)	Day			Identification Number
City	or town, state or provir	oom, apt., suite no. and street, or P.O. nce, country, and ZIP or foreign posta		structions)	(EIN)	s telephone number
LOUISVIL	LE PEDIATRIC THERA	APY CENTER			<b>5</b>	02-584-9781
9810 BLLI	EGRASS PARKWAY				2d Business	code (see instructions)
	LE, KY 40299					621340
3a Pla	n administrator's name	and address X Same as Plan Spon	eor		<b>3b</b> Administr	ator's FIN
<b>Ju</b> i ia	ir administrator 3 name	and address A came as Fian open	301.		- Administr	ator 3 Env
					<b>3c</b> Administr	ator's telephone number
		he plan sponsor has changed since to the plan sponsor has changed since to the plant from the last return/report.	he last return/report filed	for this plan, enter the	<b>4b</b> EIN	
<b>a</b> Spo	onsor's name				4c PN	
_		ts at the beginning of the plan year			5a	19
		ts at the end of the plan yearh  h account balances as of the end of the		<del>-</del>	5b	
					5c	
		participants at the beginning of the pla	-	-	5d(1)	1
		participants at the end of the plan yea at terminated employment during the			5d(2)	
tha	an 100% vested				5e	
		e or incomplete filing of this return other penalties set forth in the instruct				
SB or S		and signed by an enrolled actuary, as				
SIGN		d/valid electronic signature.	09/21/2017	LAUREN SMITH		
HERE	Signature of plan	administrator	Date	Enter name of individu	al signing as p	an administrator
SIGN						
HERE	Signature of emp	lover/plan sponsor	Date	Enter name of individu	al signing as e	mplover or 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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	Were all of the plan's assets during the plan year invested in eligib		'					X	Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X	Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann		,						
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No No	ot determined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	b) End of Ye	ar
a	Total plan assets	7a	1	137498					0
<u>b</u>	Total plan liabilities	7b							
c	Net plan assets (subtract line 7b from line 7a)	7c	1	137498					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		739					
	(2) Participants	8a(2)		2558					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		29266					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							32563
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d	1	168936					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e		1125					
	Administrative service providers (salaries, fees, commissions)	8f		1120					
<u>g</u>	Other expenses	8g						11	70061
_ <u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							37498
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)	8i						-11	37490
, 	Transfers to (from) the plan (see instructions)	8j							
	t IV   Plan Characteristics	f t	de a francisco de a l'astra ( Di	01				On a Constant of Con-	
9a	If the plan provides pension benefits, enter the applicable pension $\frac{2E}{2F}$ $\frac{2G}{2G}$ $\frac{2J}{2K}$ $\frac{3D}{2T}$	reature co	ides from the List of Pi	an Cna	racteris	Stic Co	aes in	the instruction	15:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in t	he instructions	3:
Par	t V   Compliance Questions								
10	During the plan year:				Yes	No	N/A	Am	ount
а	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)	-		10a		X			
b				401		Χ			
	reported on line 10a.)			10b	Χ				125000
				10c					120000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	·	10d		X			
е	· · · · · · · · · · · · · · · · · · ·								
	carrier, insurance service, or other organization that provides somethe plan? (See instructions.)			10e	X				1973
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ			
9				10q		X			
h		-		iug		<b>V</b>			
	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					
	oxoophone to providing the holice applied under 25 OFN 2020.10	. 1-0		101					

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co.  A?						Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	-
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		he 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		1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c	(3) PN(s)
<b>-</b>								
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	-  LL ;		n-based narbor	d [	Test	year" ADP
			-  □ '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the n	nost rec	ent detern	nination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [	No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

Annual Report Identification Information

## 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.

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection** 

1 or calend	dai pian year 2016 or n	scar plan year beginning 07/01/20	16	and ending 03/	/07/2017			
		X a single-employer plan	a multiple-employer pl	an (not multiemployer)	) (Filers checking this box must attach			
A This re	eturn/report is for:	a one-participant plan	list of participating en	nployer information in a	ormation in accordance with the form instructions.)			
B This ret	turn/report is	the first return/report	X the final return/report					
42		an amended return/report	X a short plan year retur	n/report (less than 12 r	months)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	n		
		special extension (enter descri						
Part II	Basic Plan Info	rmation—enter all requested in	formation					
1a Name					1b Three-digit			
Louisville Pe	ediatric Therapy Cente	r 401(k) Plan			plan numbe	001		
					1c Effective da			
2a Plans	ponsor's name (emplo	yer, if for a single-employer plan)			07/01/2013			
Mailin	g address (include roor	m, apt, suite no. and street, or P C	Box)	otiona)	(EIN) 46-28	dentification Number 04147		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  Louisville Pediatric Therapy Center			uctions)		elephone number			
						02) 584-9781		
9810 Bluear	ass Parkway				621340	ode (see instructions)		
					021340			
Louisville, K								
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spor	nsor		3b Administrate	or's EIN		
					20 Administrat	ada talankana a a ka		
					3C Administrate	or's telephone number		
4 If the	name and/or EIN of the	plan sponsor has changed since t	the last return/report filed for	or this plan, enter the	4b EIN			
name	, EIN, and the plan nur	nber from the last return/report.						
	or's name				4c PN			
		at the beginning of the plan year	* * * m *		5a	19		
		at the end of the plan year			5b			
compl	er of participants with a lete this item)	account balances as of the end of t		contribution plans	5c			
d(1) Tota	al number of active par	ticipants at the beginning of the pla	an year		5d(1)	16		
		ticipants at the end of the plan yea			5d(2)	0		
e Numb	per of participants that	terminated employment during the	plan year with accrued ber		5e	0		
Caution: A	penalty for the late of	or incomplete filing of this return	/report will be assessed	unless reasonable ca	use is established	1.		
Under pena SB or Sche	alties of perjury and othe edule MB completed an	ner penalties set forth in the instructed signed by an enrolled actuary, a	tions, I declare that I have	examined this return/re	port, including, if a	policable, a Schedule		
2000022200	true, correct, and comp	Mete.		LAUREN SMITH				
SIGN HERE	Jauren,	omac	0 01 10					
	Signature of plan ac	dministrator	Date 9-21-17	Enter name of individ	lual signing as plan	administrator		
SIGN HERE						1		
	Signature of employ		Date	Enter name of individ		loyer or plan sponsor		
Preparer's	name (including firm na	ame, if applicable) and address (in	clude room or suite numbe	()	Preparer's teleph	one number		
				5				
					Name of Street Manager Street Street			
					l.			

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P	а	a	е	4

6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)	_		_		1000	X Y	′es ∏ No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)					_				
	under 29 CFR 2520.104-467 (See instructions on waiver eligibility	and conditi	ions).						× Y	res 🗌 No
С	If you answered "No" to either line 6a or line 6b, the plan canr	not use Fo	rm 5500-SF and mus	st inste	ad us	Forr	n 5500			
	If the plan is a defined benefit plan, is it covered under the PBGC in till   Financial Information	isurance p	rogram (see ERISA s	ection	4021)?	·· · [	Yes	∐No	∐ Not o	letermined
7	Plan Assets and Liabilities			_						
a			(a) Beginning					(b) End	of Year	
	Total plan assets	7a		11374	98	-1-/	_		_	0
	Net plan assets (subtract line 7b from line 7a)	7b		11374	00					
8	Income, Expenses, and Transfers for this Plan Year	7c			98			and the second	i i i i i i i i i i i i i i i i i i i	0
	Contributions received or receivable from.		(a) Amou	nt	$\rightarrow$	-		(b) T	otal	
	(1) Employers	8a(1)		7	39					
	(2) Participants	8a(2)		25	58					
	(3) Others (including rollovers)	8a(3)	3 378				and the second			
b	Other income (loss)	8b		292	66	825		- 11 - 11W		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							32	2563
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1168936						
	Certain deemed and/or corrective distributions (see instructions)	8e								
f_	Administrative service providers (salaries, fees, commissions) .	8f		11:	25		- 80			
	Other expenses	8g	2 20							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1170	0061
	Net income (loss) (subtract line 8h from line 8c)	8i			-11374		7498			
j	Transfers to (from) the plan (see instructions)	8j								
Par										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	feature cod	les from the List of Pl	lan Cha	racteris	stic Co	odes in	the instr	uctions.	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Char	acterist	ic Co	des in t	he instru	ctions	
Par	V Compliance Questions									
10	During the plan year				Yes	No	N/A		Amour	nt
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fig	duciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a)	? (Do not in	clude transactions	10b		х				
С	Was the plan covered by a fidelity bond?			10c	х					125000
d	Did the plan have a loss, whether or not reimbursed by the plan's	ave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused shonesty?		10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions)		10e	х					1973	
f	Has the plan failed to provide any benefit when due under the plan	7. 0	3.4	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-er	nd)	10g		Х	(0.1			
	If this is an individual account plan, was there a blackout period? ( 2520 101-3)	See instruc	ctions and 29 CFR	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 2520.101	e required	notice or one of the	10i						

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)	mplete Sc	hedule S	B	Yes	S X No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		112			
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coo	de or secti	on 302 o	f	Пу	D N
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				1 -	S X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth	nd enter		of the letter r	uling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.				
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 left negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 📗	N/A
Part	The state of the s					
_13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	No No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
b					X Yes [] I	No
С.	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred (See instructions.)	the plan(s	) to			
	13c(1) Name of plan(s):	13c(2	) EIN(s)		13c(3) P	N(s)
Part	VIII Trust Information					
	Name of trust			1 10 10		
144	name of trust		14b 1	rust's E	EIN	
14c	Name of trustee or custodian				s or custodian	s
Par	t IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan? If "No," skip b	Yes		[	No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		n-based harbor		"Prior year" test	ADP
		Curr	ent year' test		N/A	
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply	Ratio percentest	o entage		rerage enefit test	] N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			] No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op the letter and the serial number					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	r the date	of the m	ost rece	nt determinati	on
18	letter	12				
	letter	ted from	Yes	. [	] No	