# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

**2016**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
BURGER PHYSICAL THERAPY PROFIT SHARING & 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 02/01/1988

**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)
BURGER REHABILITATION SYSTEMS, INC.

1301 EAST BIDWELL STREET # 201
FOLSOM, CA 95630

**2b** Employer Identification Number (EIN) 84-1251420

**2c** Plan Sponsor's telephone number 916-983-5915

**2d** Business code (see instructions) 621340

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2017 | CAROL BURGER |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2017 | CAROL BURGER |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

Preparer's telephone number

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 379 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 309 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 309 |
| **b** | Retired or separated participants receiving benefits | **6b** | 2 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 54 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 365 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 365 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 136 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2A 2E 2F 2G 2J 2K 2T 3D 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2016**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| BURGER PHYSICAL THERAPY PROFIT SHARING & 401(K) PLAN | | 002 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| BURGER REHABILITATION SYSTEMS, INC. | 84-1251420 | |

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . ☐ Yes ☒ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

NEWPORT GROUP, INC

27-2037969

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 13 15 25 37 38 50 64 65 | CONTRACT ADMINISTRATOR | 20086 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

# SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2016**

**This Form is Open to Public Inspection**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

**A** Name of plan
BURGER PHYSICAL THERAPY PROFIT SHARING & 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
BURGER REHABILITATION SYSTEMS, INC.

**D** Employer Identification Number (EIN)
84-1251420

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 60983 | 49826 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 6983788 | 7674789 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 7044771 | 7724615 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | | |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 7044771 | 7724615 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | | |
| | **(B)** Participants | 2a(1)(B) | 314249 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 314249 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 3298 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 3298 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 232138 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 232138 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 541707 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1091392 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 391462 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 391462 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 20086 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 20086 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 411548 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 679844 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: ISLIP & COMPANY, LLP **(2)** EIN: 68-0344156

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 750000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 4n | | | |
| o | Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? | 4o | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

## Part V Trust Information

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

| **6c** Name of trustee or custodian | **6d** Trustee's or custodian's telephone number |
|---|---|
| | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2016**

**This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

**A** Name of plan
BURGER PHYSICAL THERAPY PROFIT SHARING & 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
BURGER REHABILITATION SYSTEMS, INC.

**D** Employer Identification Number (EIN)
84-1251420

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 27-4411131

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

## Part VII IRS Compliance Questions

| | |
|---|---|
| **20a** Is the plan a 401(k) plan? If "No," skip b | ☐ Yes ☐ No |
| **20b** How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: | ☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A |
| **21a** What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: | ☐ Ratio percentage test ☐ Average benefit test ☐ N/A |
| **21b** 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 |

**22a** If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

**22b** If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

ISLIP + COMPANY, LLP
CERTIFIED PUBLIC ACCOUNTANTS

THE FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION OF

# BURGER PHYSICAL THERAPY PROFIT SHARING & 401(k) PLAN

FOR THE YEAR ENDED
DECEMBER 31, 2016

3465 AMERICAN RIVER DR
SUITE D
SACRAMENTO, CA 95864
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# *INDEPENDENT AUDITORS' REPORT*

The Administrative Committee of
**Burger Physical Therapy Profit Sharing & 401(k) Plan**

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **Burger Physical Therapy Profit Sharing & 401(k) Plan** (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 1, which was certified by Newport Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2016, that the information provided to the Plan administrator by the agent for the trustee is complete and accurate.

**Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Other Matter**

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year), schedule of assets (acquired and disposed of within the year), and schedule of reportable transactions as of December 31, 2016, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referenced to above.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the agent on behalf of the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Islip + Company, LLP

Islip + Company, LLP

Sacramento, California
October 5, 2017

# BURGER PHYSICAL THERAPY
# PROFIT SHARING & 401 (k) PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | DECEMBER 31, 2016 | 2015 |
|---|---|---|
| ***ASSETS*** | | |
| Investments | | |
| At fair value (Note 3) | | |
| Mutual funds | $ 7,674,789 | $ 6,983,788 |
| Total Investments | 7,674,789 | 6,983,788 |
| Receivables | | |
| Interest receivable | - | - |
| Employer contributions | - | - |
| Notes receivable from participants | 49,826 | 60,983 |
| Participants' contributions | - | - |
| Total Receivables | 49,826 | 60,983 |
| Cash | - | - |
| TOTAL ASSETS | 7,724,615 | 7,044,771 |
| ***LIABILITIES*** | | |
| Accounts payable | - | - |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 7,724,615 | $ 7,044,771 |

*See accompanying notes.*

# BURGER PHYSICAL THERAPY
# PROFIT SHARING & 401 (k) PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

| | YEAR ENDED DECEMBER 31, 2016 |
|---|---|
| ***ADDITIONS*** | |
| Addition to net assets attributed to | |
| Investment income | |
| Net appreciation in fair value of investments | $ 541,707 |
| Interest | 3,298 |
| Dividends | 232,138 |
| | 777,143 |
| Less investment expenses | - |
| | 777,143 |
| Contributions | |
| Employers | - |
| Participants | 314,249 |
| Other (including rollovers) | - |
| | 314,249 |
| **Total Additions** | 1,091,392 |
| ***DEDUCTIONS*** | |
| Deduction from net assets attributed to | |
| Benefits paid to participants | 391,462 |
| Administrative expenses | 20,086 |
| **Total Deductions** | 411,548 |
| **NET INCREASE** | 679,844 |
| **Net Assets Available for Benefits** | |
| Beginning of year | 7,044,771 |
| **End of year** | $ 7,724,615 |

*See accompanying notes.*

**BURGER PHYSICAL THERAPY**
**PROFIT SHARING & 401 (k) PLAN**

NOTES TO FINANCIAL STATEMENTS

## NOTE 1 - CERTIFIED INVESTMENTS

The Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted under such election, the investment information that was certified by Newport Trust Company, the trustee of the Plan, was not subjected to any auditing procedures performed by the independent public accountants. Newport Trust Company has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2016 and 2015, and the supplemental Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2016; the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2016; the information reflected on the supplemental Schedule H, line 4i - schedule of assets (acquired and disposed within year) for the year ended December 31, 2016; and the information reflected on the supplemental Schedule H, line 4j - schedule of reportable transactions as of December 31, 2016.

## NOTE 2 - DESCRIPTION OF PLAN

The following description of the **Burger Physical Therapy** ("Company") **Profit Sharing & 401 (k) Plan** ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

***General*** - The Plan is a defined contribution plan covering employees of the Company who have three months of qualified employment and are at least 18 years of age, except certain employees who are covered by a collective bargaining agreement, certain nonresident aliens, leased employees, or on-call, per diem and temporary employees. The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 (ERISA).

***Contributions*** - Each year, participants may defer a portion of their compensation to the Plan subject to certain anti-discrimination tests and to a maximum contribution of $18,000 per year (for 2016). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions, not to exceed $6,000 (for 2016). For the purposes of this Plan, a participant's compensation is his or her total earnings for such year. The Company has the option under the Plan to make discretionary profit sharing contributions. No discretionary profit sharing contributions were made for the year ending December 31, 2016.

**BURGER PHYSICAL THERAPY**
**PROFIT SHARING & 401 (k) PLAN**

NOTES TO FINANCIAL STATEMENTS

**NOTE 2 - DESCRIPTION OF PLAN** - *continued*

***Participant Accounts*** - Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Allocations of income are based strictly on the participant's selection of investments and timing of purchase.

***Vesting*** - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after six years of credited service, as detailed in the vesting schedule in the Summary Plan Description.

***Investment Options*** - Upon enrollment in the Plan, a participant may direct the investment of Plan assets held under the Plan on their behalf. The Plan Administrator will provide them with the information on the amounts available for direction, the investment choices, and other investment information.

***Notes Receivable from Participants*** - The Plan permits loans to its participants based upon their vested account balance. Loans are limited to the lesser of 50% of the participant's vested account balance or $50,000, and the minimum loan amount is $1,000. Loans bear a fixed rate of interest at rates equal to 2% above the prime rate, determined on the date of advance by the Plan administrator. Loans are generally due within 5 years unless they are used to acquire a principle residence. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred.

***Payment of Benefits*** - On termination of employment, a participant may be entitled to a distribution from the plan of their vested account balance.

***Forfeited Accounts*** - The Employer may elect how it wishes to allocate forfeitures under the Plan. Forfeitures will pay Plan expenses first then reduce employer contributions. At December 31, 2016 and 2015, forfeited nonvested accounts totaled $0 and $2,143, respectively.

**BURGER PHYSICAL THERAPY**
**PROFIT SHARING & 401 (k) PLAN**

NOTES TO FINANCIAL STATEMENTS

## NOTE 3 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### *Date of Management's Review*

Subsequent events were evaluated through October 5, 2017, which is the date the financial statements were available to be issued.

### *Basis of Accounting*

The financial statements of the Plan are prepared on the accrual basis of accounting.

### *Estimates*

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

### *Investment Valuation and Income Recognition*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Participant loans are stated at cost, which approximate fair value. Increases or decreases in fair value are recognized currently. All of the Plan's assets are invested in the market, which is subject to volatility.

Purchases and sales of securities are recorded on settlement date basis. Interest income is recorded on the accrual basis. Dividends are recorded on ex-dividend date.

### *Payment of Benefits*

Benefits are recorded when paid.

### *Operating Expenses*

Since the inception of the Plan, the Plan Sponsor has absorbed most of the administrative expenses of operating the Plan.

**BURGER PHYSICAL THERAPY**
**PROFIT SHARING & 401 (k) PLAN**

NOTES TO FINANCIAL STATEMENTS

## NOTE 4 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than the quoted prices included in Level 1; and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

All of the Plan's investments were measured using Level 1 inputs. The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

| | Assets at Fair Value as of December 31, 2016 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | $7,674,789 | $ - | $ - | $7,674,789 |
| Total | $7,674,789 | $ - | $ - | $7,674,789 |

| | Assets at Fair Value as of December 31, 2015 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | $6,983,788 | $ - | $ - | $6,983,788 |
| Total | $6,983,788 | $ - | $ - | $6,983,788 |

**BURGER PHYSICAL THERAPY**
**PROFIT SHARING & 401 (k) PLAN**

NOTES TO FINANCIAL STATEMENTS

## NOTE 5 - RELATED PARTY TRANSACTIONS

All of the Plan's assets are invested in shares of registered investment companies (mutual funds) managed by Newport Trust Company, the Plan's trustee. Accordingly, all transactions with Newport Trust Company qualify as party-in-interest transactions. A substantial portion of the income or loss of the Plan is derived from these investments. Fees paid by the Plan to the trustee for certain investment management fees were deducted from the net asset values of the registered investment companies held by the Plan. The various funds' net operating expense ratios ranged from 0.05 percent to 1.18 percent, as of September 30, 2016, the date of the Participant Fee Disclosure Statement for the Plan year. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

## NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

## NOTE 7 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated April 2, 1993, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has received a favorable determination and the Plan has been revised since the determination letter but the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

The Plan administrator believes the Plan is no longer subject to tax examinations for years prior to 2009.

**BURGER PHYSICAL THERAPY**
**PROFIT SHARING & 401 (k) PLAN**

NOTES TO FINANCIAL STATEMENTS

## NOTE 9 - RISKS AND UNCERTAINTIES

The plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

# *SUPPLEMENTAL SCHEDULES*

# BURGER PHYSICAL THERAPY PROFIT SHARING & 401(k) PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2016

| (a) | (b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY | (c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE | (e) CURRENT VALUE |
|---|---|---|---|
| | Registered investment companies: | | |
| | **MUTUAL FUNDS** | | |
| * | AMERICAN FUNDS AMCAP R6 | 10,583.594 shares | 290,731 |
| * | AMERICAN FUNDS EUROPACIFIC GR R6 | 42.136 shares | 1,898 |
| * | AMERICAN FUNDS FUNDAMENTAL INVESTORS R6 | 16,950.040 shares | 922,930 |
| * | AMERICAN FUNDS NEW WORLD R6 | 2,194.714 shares | 112,830 |
| * | AMERICAN FUNDS CAPITAL WORLD BOND R6 | 56.662 shares | 1,074 |
| * | AMG YACKTMAN FD SVC | 4,761.275 shares | 101,844 |
| * | D F A GLOBAL EQUITY I | 39,885.311 shares | 776,567 |
| * | D F A INFLATION-PROTECTED SECURITIES I | 14,972.903 shares | 174,883 |
| * | JPMORGAN SMALL CAP EQUITY FUND CLASS I | 9,138.399 shares | 477,116 |
| * | OPPENHEIMER DEVELOPING MARKETS I | 3,152.247 shares | 100,746 |
| * | JANUS HENDERSON MID CAP VALUE FUND I | 4,548.445 shares | 75,095 |
| * | PIMCO HIGH YIELD INSTL | 37,887.802 shares | 333,792 |
| * | PIMCO INCOME INSTL | 11,717.418 shares | 141,312 |
| * | VANGUARD 500 INDEX ADMIRAL | 2,351.907 shares | 485,833 |
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| * | VANGUARD HIGH DIVIDEND YIELD INDEX INV | 22,626.591 shares | 678,119 |
| * | VANGUARD INTERIM-TERM BOND INDEX ADM | 8,815.288 shares | 99,084 |
| * | VANGUARD INTERIM-TERM TREASURY ADM | 12,059.307 shares | 133,738 |
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| * | VANGUARD PRIME MONEY MARKET INV | 355,503.842 shares | 355,504 |
| * | VANGUARD R E I T INDEX ADM | 2,939.176 shares | 343,501 |
| * | VANGUARD SMALL CAP GROWTH INDEX INV | 7,027.194 shares | 263,028 |
| * | VANGUARD SMALL CAP VALUE INDEX INV | 372.191 shares | 10,794 |
| * | VANGUARD TARGET RETIREMENT 2015 INV | 323.368 shares | 4,692 |
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| * | VANGUARD TARGET RETIREMENT 2055 INV | 626.670 shares | 20,624 |
| * | VANGUARD TARGET RETIREMENT INCOME INV | 17.747 shares | 227 |
| * | VANGUARD WELLINGTON ADM | 8,166.866 shares | 550,855 |
| * | EMPLOYER MATCH FORFEITURE | 16,239.040 shares | 16,239 |
| | **TOTAL REGISTERED INVESTMENT COMPANIES** | | 7,674,789 |
| | **LOANS** | | |
| | Participant loans | Interest rates 5.25% - 8.75% | 49,826 |
| | **TOTAL LOANS** | | 49,826 |
| | **TOTAL ASSETS HELD** | | $ 7,724,615 |

* Indicates a party-in-interest to the Plan.

Note: Column (d), cost, is not applicable, as all investments are participant-directed.

*See independent auditors' report.*

## BURGER PHYSICAL THERAPY PROFIT SHARING & 401(k) PLAN

## SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
*DECEMBER 31, 2016*

| (a) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY | ( c ) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE | (c) COST OF ACQUISITIONS | (d) PROCEEDS OF DISPOSITIONS |
|---|---|---|---|
| NOTE: In accordance with specific instructions, acquisitions and dispositions of certain types of assets need not be reported. These include funds of common/collective trusts and registered investment companies. | | | |

*See independent auditors' report.*

BURGER PHYSICAL THERAPY PROFIT SHARING & 401(k) PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS
*DECEMBER 31, 2016*

| (a) IDENTITY OF PARTY INVOLVED | (b) DESCRIPTION OF ASSET | (c) PURCHASE PRICE | (d) SELLING PRICE | (e) LEASE RENTAL | (f) EXPENSE INCURRED WITH TRANSACTION | (g) COST OF ASSET | (h) CURRENT VALUE OF ASSET ON TRANSACTION DATE | (i) NET GAIN OR (LOSS) |
|---|---|---|---|---|---|---|---|---|

NOTE: Transactions under a participant (or beneficiary) directed account plan need no longer be reported on this schedule as a reportable transaction.

ISLIP + COMPANY, LLP
CERTIFIED PUBLIC ACCOUNTANTS

THE FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION OF

# BURGER PHYSICAL THERAPY PROFIT SHARING & 401(k) PLAN

FOR THE YEAR ENDED
DECEMBER 31, 2016

3465 AMERICAN RIVER DR
SUITE D
SACRAMENTO, CA 95864
TEL: 916/488-1900
FAX: 916/488-2393
www.ISLIP.NET

# *INDEPENDENT AUDITORS' REPORT*

The Administrative Committee of
**Burger Physical Therapy Profit Sharing & 401(k) Plan**

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **Burger Physical Therapy Profit Sharing & 401(k) Plan** (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 1, which was certified by Newport Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2016, that the information provided to the Plan administrator by the agent for the trustee is complete and accurate.

**Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Other Matter**

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year), schedule of assets (acquired and disposed of within the year), and schedule of reportable transactions as of December 31, 2016, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referenced to above.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the agent on behalf of the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Islip + Company, LLP

Islip + Company, LLP

Sacramento, California
October 5, 2017

# BURGER PHYSICAL THERAPY
# PROFIT SHARING & 401 (k) PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | DECEMBER 31, 2016 | 2015 |
|---|---|---|
| ***ASSETS*** | | |
| Investments | | |
| At fair value (Note 3) | | |
| Mutual funds | $ 7,674,789 | $ 6,983,788 |
| Total Investments | 7,674,789 | 6,983,788 |
| Receivables | | |
| Interest receivable | - | - |
| Employer contributions | - | - |
| Notes receivable from participants | 49,826 | 60,983 |
| Participants' contributions | - | - |
| Total Receivables | 49,826 | 60,983 |
| Cash | - | - |
| TOTAL ASSETS | 7,724,615 | 7,044,771 |
| ***LIABILITIES*** | | |
| Accounts payable | - | - |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 7,724,615 | $ 7,044,771 |

*See accompanying notes.*

# BURGER PHYSICAL THERAPY
# PROFIT SHARING & 401 (k) PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

| | YEAR ENDED DECEMBER 31, 2016 |
|---|---|
| ***ADDITIONS*** | |
| Addition to net assets attributed to | |
| Investment income | |
| Net appreciation in fair value of investments | $ 541,707 |
| Interest | 3,298 |
| Dividends | 232,138 |
| | 777,143 |
| Less investment expenses | - |
| | 777,143 |
| Contributions | |
| Employers | - |
| Participants | 314,249 |
| Other (including rollovers) | - |
| | 314,249 |
| **Total Additions** | 1,091,392 |
| ***DEDUCTIONS*** | |
| Deduction from net assets attributed to | |
| Benefits paid to participants | 391,462 |
| Administrative expenses | 20,086 |
| **Total Deductions** | 411,548 |
| **NET INCREASE** | 679,844 |
| **Net Assets Available for Benefits** | |
| Beginning of year | 7,044,771 |
| **End of year** | $ 7,724,615 |

*See accompanying notes.*

**BURGER PHYSICAL THERAPY**
**PROFIT SHARING & 401 (k) PLAN**

NOTES TO FINANCIAL STATEMENTS

## NOTE 1 - CERTIFIED INVESTMENTS

The Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted under such election, the investment information that was certified by Newport Trust Company, the trustee of the Plan, was not subjected to any auditing procedures performed by the independent public accountants. Newport Trust Company has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2016 and 2015, and the supplemental Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2016; the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2016; the information reflected on the supplemental Schedule H, line 4i - schedule of assets (acquired and disposed within year) for the year ended December 31, 2016; and the information reflected on the supplemental Schedule H, line 4j - schedule of reportable transactions as of December 31, 2016.

## NOTE 2 - DESCRIPTION OF PLAN

The following description of the **Burger Physical Therapy** ("Company") **Profit Sharing & 401 (k) Plan** ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

***General*** - The Plan is a defined contribution plan covering employees of the Company who have three months of qualified employment and are at least 18 years of age, except certain employees who are covered by a collective bargaining agreement, certain nonresident aliens, leased employees, or on-call, per diem and temporary employees. The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 (ERISA).

***Contributions*** - Each year, participants may defer a portion of their compensation to the Plan subject to certain anti-discrimination tests and to a maximum contribution of $18,000 per year (for 2016). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions, not to exceed $6,000 (for 2016). For the purposes of this Plan, a participant's compensation is his or her total earnings for such year. The Company has the option under the Plan to make discretionary profit sharing contributions. No discretionary profit sharing contributions were made for the year ending December 31, 2016.

**BURGER PHYSICAL THERAPY**
**PROFIT SHARING & 401 (k) PLAN**

NOTES TO FINANCIAL STATEMENTS

**NOTE 2 - DESCRIPTION OF PLAN** - *continued*

***Participant Accounts*** - Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Allocations of income are based strictly on the participant's selection of investments and timing of purchase.

***Vesting*** - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after six years of credited service, as detailed in the vesting schedule in the Summary Plan Description.

***Investment Options*** - Upon enrollment in the Plan, a participant may direct the investment of Plan assets held under the Plan on their behalf. The Plan Administrator will provide them with the information on the amounts available for direction, the investment choices, and other investment information.

***Notes Receivable from Participants*** - The Plan permits loans to its participants based upon their vested account balance. Loans are limited to the lesser of 50% of the participant's vested account balance or $50,000, and the minimum loan amount is $1,000. Loans bear a fixed rate of interest at rates equal to 2% above the prime rate, determined on the date of advance by the Plan administrator. Loans are generally due within 5 years unless they are used to acquire a principle residence. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred.

***Payment of Benefits*** - On termination of employment, a participant may be entitled to a distribution from the plan of their vested account balance.

***Forfeited Accounts*** - The Employer may elect how it wishes to allocate forfeitures under the Plan. Forfeitures will pay Plan expenses first then reduce employer contributions. At December 31, 2016 and 2015, forfeited nonvested accounts totaled $0 and $2,143, respectively.

**BURGER PHYSICAL THERAPY**
**PROFIT SHARING & 401 (k) PLAN**

NOTES TO FINANCIAL STATEMENTS

## NOTE 3 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### *Date of Management's Review*

Subsequent events were evaluated through October 5, 2017, which is the date the financial statements were available to be issued.

### *Basis of Accounting*

The financial statements of the Plan are prepared on the accrual basis of accounting.

### *Estimates*

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

### *Investment Valuation and Income Recognition*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Participant loans are stated at cost, which approximate fair value. Increases or decreases in fair value are recognized currently. All of the Plan's assets are invested in the market, which is subject to volatility.

Purchases and sales of securities are recorded on settlement date basis. Interest income is recorded on the accrual basis. Dividends are recorded on ex-dividend date.

### *Payment of Benefits*

Benefits are recorded when paid.

### *Operating Expenses*

Since the inception of the Plan, the Plan Sponsor has absorbed most of the administrative expenses of operating the Plan.

**BURGER PHYSICAL THERAPY**
**PROFIT SHARING & 401 (k) PLAN**

NOTES TO FINANCIAL STATEMENTS

## NOTE 4 - FAIR VALUE MEASUREMENTS

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|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
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| Total | $7,674,789 | $ - | $ - | $7,674,789 |

| | Assets at Fair Value as of December 31, 2015 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | $6,983,788 | $ - | $ - | $6,983,788 |
| Total | $6,983,788 | $ - | $ - | $6,983,788 |

**BURGER PHYSICAL THERAPY**
**PROFIT SHARING & 401 (k) PLAN**

NOTES TO FINANCIAL STATEMENTS

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The Plan administrator believes the Plan is no longer subject to tax examinations for years prior to 2009.

**BURGER PHYSICAL THERAPY**
**PROFIT SHARING & 401 (k) PLAN**

NOTES TO FINANCIAL STATEMENTS

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# *SUPPLEMENTAL SCHEDULES*

# BURGER PHYSICAL THERAPY PROFIT SHARING & 401(k) PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2016

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| * | JANUS HENDERSON MID CAP VALUE FUND I | 4,548.445 shares | 75,095 |
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| * | VANGUARD WELLINGTON ADM | 8,166.866 shares | 550,855 |
| * | EMPLOYER MATCH FORFEITURE | 16,239.040 shares | 16,239 |
| | **TOTAL REGISTERED INVESTMENT COMPANIES** | | 7,674,789 |
| | **LOANS** | | |
| | Participant loans | Interest rates 5.25% - 8.75% | 49,826 |
| | **TOTAL LOANS** | | 49,826 |
| | **TOTAL ASSETS HELD** | | $ 7,724,615 |

* Indicates a party-in-interest to the Plan.

Note: Column (d), cost, is not applicable, as all investments are participant-directed.

*See independent auditors' report.*

## BURGER PHYSICAL THERAPY PROFIT SHARING & 401(k) PLAN

## SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
*DECEMBER 31, 2016*

| (a) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY | ( c ) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE | (c) COST OF ACQUISITIONS | (d) PROCEEDS OF DISPOSITIONS |
|---|---|---|---|
| NOTE: In accordance with specific instructions, acquisitions and dispositions of certain types of assets need not be reported. These include funds of common/collective trusts and registered investment companies. | | | |

*See independent auditors' report.*

BURGER PHYSICAL THERAPY PROFIT SHARING & 401(k) PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS
*DECEMBER 31, 2016*

| (a) IDENTITY OF PARTY INVOLVED | (b) DESCRIPTION OF ASSET | (c) PURCHASE PRICE | (d) SELLING PRICE | (e) LEASE RENTAL | (f) EXPENSE INCURRED WITH TRANSACTION | (g) COST OF ASSET | (h) CURRENT VALUE OF ASSET ON TRANSACTION DATE | (i) NET GAIN OR (LOSS) |
|---|---|---|---|---|---|---|---|---|

NOTE: Transactions under a participant (or beneficiary) directed account plan need no longer be reported on this schedule as a reportable transaction.