	rm 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
	nal Revenue Service	1065 of the Employee R				
	epartment of Labor enefits Security Administration	57(b) and 6058(a) of the e).	Internal	This Form is Open to		
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	500-SF.	Public Inspection
Part I		dentification Information				
For calenda	ar plan year 2017 or fiso				2/31/2017	the data have accepted at the data
A This ret	turn/report is for:	X a single-employer plan	list of participating en			king this box must attach a vith the form instructions.)
B This retu	urn/report is	a one-participant plan	a foreign plan			
		the first return/report	the final return/report			
•		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
C Check I	box if filing under:	Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descrip	,			
Part II		mation—enter all requested info	ormation		41	
1a Name	•				1b Thre	e-digit number
UKIHUPEL	IC & SPORTS PHISIC	CAL THERAPY 401(K) PLAN			(PN)	
					1c Effect	ctive date of plan 07/01/2014
		er, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Box)			oyer Identification Number
City or	town, state or province	ructions)	(EIN) 27-2904171 2c Sponsor's telephone number			
					2d Duci	859-264-0512
1868 PLAUD	IT PLACE, SUITE B				ZU Busir	ness code (see instructions)
LEXINGTON						621340
3a Plan a	dministrator's name and	d address X Same as Plan Spons	sor		3h Admi	nistrator's EIN
			501.			
					3c Admi	nistrator's telephone number
A lf the r					4b EIN	
		plan sponsor or the plan name has sor's name, EIN, the plan name ar				
•	or's name				4d PN	
C Plan N	lame					
5a Total	number of participants a	at the beginning of the plan year			5a	36
b Total i	number of participants a	at the end of the plan year			5b	57
		ccount balances as of the end of th		-	5c	25
d(1) Tota	al number of active part	icipants at the beginning of the pla	n year		5d(1)	34
• •		ticipants at the end of the plan year			5d(2)	55
		erminated employment during the			5e	0
Caution: A	penalty for the late o	r incomplete filing of this return	report will be assessed	unless reasonable cau		
SB or Sche		er penalties set forth in the instruct d signed by an enrolled actuary, as				
SIGN		alid electronic signature.	07/24/2018	JAMES J. ROTHBAU	ER	
HERE	Signature of plan ad		Date	Enter name of individ		as plan administrator
SIGN			2000			
HERE	Signature of employ	ver/nlan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor
L	Signature of employ		Date		aar orgining	

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203 h Total expenses (add lines 8d, 8e, 8f, and 8g).....

i

j

9a

2E 2J

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

Part IV Plan Characteristics

2K 2F 2G 3D

12233

127099

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	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								
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must instead us	se Form 5500.					
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No I Not determine								
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this plan year	(See instructions.)					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	189502	316601					
b		7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	189502	316601					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	. 8a(1)	(a) Amount 0	(b) Total					
	Contributions received or receivable from:	8a(1) 8a(2)		(b) Total					
	Contributions received or receivable from: (1) Employers	, í	0	(b) Total					
a	Contributions received or receivable from: (1) Employers	8a(2)	0 94655	(b) Total					
a	Contributions received or receivable from: (1) Employers	8a(2) 8a(3)	0 94655 0	(b) Total					
a	Contributions received or receivable from: (1) Employers	. 8a(2) . 8a(3) . 8b	0 94655 0						
a b c	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c	0 94655 0 44677						
a b c d	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c 8d	0 94655 0 44677 1340						

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

Part	V Compliance Questions			
10	During the plan year:	Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		х	
С	Was the plan covered by a fidelity bond?		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		x	
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.)		x	
f	Has the plan failed to provide any benefit when due under the plan? 10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-310i			

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No		N/A
Part '	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?		Ye	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	: (3) F	'N(s)

Form 5500-SF	Short Form Ani	nual Return/Repor Benefit Plan	t of Small Employee	OMB Nos. 1210-01 1210-00			
Internal Revenue Service	This form is required to be	filed under sections 104 and	4065 of the Employee Retirement	2017			
Department of Labor Employee Benefits Security Administration	Income Security Act of 19	974 (ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the Internal e).	This Form is Open to			
Pension Benefit Guaranty Corporation	Complete all entries	in accordance with the inst	tructions to the Form 5500-SF.	Public Inspection			
	Identification Information	on					
For calendar plan year 2017 or fi	iscal plan year beginning 01/01/	2017	and ending 12/31/2017				
A This return/report is for:	X a single-employer plan	a multiple-employer p list of participating e	lan (not multiemployer) (Filers checki mployer information in accordance wi	ing this box must attach a the form instructions.)			
	a one-participant plan	a foreign plan		in the form mondelione.y			
B This return/report is	the first return/report	the final return/report					
	an amended return/report	H	rn/report (less than 12 months)				
C Check box if filing under:	Form 5558	automatic extension	DFVC pr	ogram			
	special extension (enter de	escription)					
Part II Basic Plan Info	ormation-enter all requested	I information					
a Name of plan			1b Three	-digit			
RTHOPEDIC & SPORTS PHYS	SICAL THERAPY 401(K) PLAN			umber 001			
			(PN)	ive date of plan			
				/2014			
	oyer, if for a single-employer pla		2b Emplo	yer Identification Number			
	om, apt., suite no. and street, or l ce, country, and ZIP or foreign p		tructions)	(EIN) 27-2904171			
thopedic & Sports Physical The			2c Spons	2c Sponsor's telephone number (859) 264-0512			
			2d Busine	ess code (see instructions			
68 Plaudit Place, Suite B			62134	0			
exington, KY 40509							
	nd address 🗙 Same as Plan S	ponsor.	3b Admin	istrator's EIN			
		• 900 P 4 90 Y 4 200 P 11					
			3C Admin	istrator's telephone numb			
1 If the name and/or FIN of the	e plan sponsor or the plan name	has changed since the last	return/report filed for 4b EIN				
	onsor's name, EIN, the plan nam						
a Sponsor's namec Plan Name			4d PN				
a Total number of participants	at the beginning of the plan yea	ar		36			
	at the end of the plan year			57			
c Number of participants with	account balances as of the end	of the plan year (only defined	d contribution plans	25			
	articipants at the beginning of the			34			
	articipants at the end of the plan			55			
e Number of participants who	o terminated employment during	the plan year with accrued be	enefits that were less 50	C			
Caution: A penalty for the late	or incomplete filing of this ret	turn/report will be assessed	I unless reasonable cause is estab	lished.			
Inder penalties of perjury and ot	ther penalties set forth in the ins ind signed by an enrolled actuar	tructions, I declare that I have	e examined this return/report, includin ersion of this return/report, and to the	g, if applicable, a Schedu			
SIGN 6h 8	MANTA	7-241.18	JAMES J. ROTHBAUER				
HERE Signature of plan a	administrator	Date	Enter name of individual signing a	s plan administrator			
SIGN		Date	and name of individual signing a	o plan doministrator			
JEDE			Enter name of individual signing a				
Signature of emplo	ver/nlan enoneor	Date	Entor name at individual size				

For Paperwork Reduction Ac	t Notice, see the Instructions for Form 55	00-SF.

Form 5500-SF 2017

Pa	g	e	2
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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepen and conditi	dent qualified public a ons.)	account	ant (IC	PA)		No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from th	nsurance pr	ogram (see ERISA se	ection 4	021)?	🗌 Ye	s 🗌 No 🗌 Not determ	
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year	
а	Total plan assets	7a		18950			316601	
b	Total plan liabilities	7b						
с	Net plan assets (subtract line 7b from line 7a)	7c		18950)2	e desta	316601	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)			0			
	(2) Participants	8a(2)		946	55			
	(3) Others (including rollovers)	8a(3)			0			
b	Other income (loss)	8b		4467	7			mon services
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					139332	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		134	10			
е	Certain deemed and/or corrective distributions (see instructions)	8e		1083	3			
f	Administrative service providers (salaries, fees, commissions)	8f		6	50			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					12233	
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	8i		1923			127099	
j	Transfers to (from) the plan (see instructions)	8j						
	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature cod	les from the List of Pla	an Cha	racteri	stic Codes	in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plar	n Chara	cterist	ic Codes i	the instructions:	
Par	t V Compliance Questions				11.2424.255			
10	During the plan year:				Yes	No	Amount	
a	Was there a failure to transmit to the plan any participant contribut descr bed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fie	duciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x		
С	Was the plan covered by a fidelity bond?			10c	6	x		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of the	he benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-er	nd.)	10g		х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		x		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	ne required	notice or one of the	10i				

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VI	Pension Funding Compliance			
ls th (For	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch m 5500) and line 11a below)	edule S	B	Yes X N
		11a		
Is th ERIS	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section SA?	n 302 o	f	Yes X N
lf a v gran	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and ting the waiver			f the letter ruling Year
you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
Enter	the minimum required contribution for this plan year	12b		
		12c		
Sub	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d		
			Yes	No N/A
VII	Plan Terminations and Transfers of Assets			
Has	a resolution to terminate the plan been adopted in any plan year?		Yes	X No
lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a		
] Yes 🛛 No
lf, du whic	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) th assets or liabilities were transferred. (See instructions.)	to		
3c(1)	Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)
	Is the (For Enter Enter Subtraction of the Will Hass If "Y Wer cont If, du whice the the the the the the the the the th	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below) Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver. (Month you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule S (Form 5500) and line 11a below)	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)