# 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

**2017**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

**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
REHAB PRO THERAPY 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 02/01/2002

**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)
REHAB PRO THERAPY

17521 US HIGHWAY 69 S
TYLER, TX 75703

**2b** Employer Identification Number (EIN)
75-2962410

**2c** Plan Sponsor's telephone number
903-839-3600

**2d** Business code (see instructions)
622000

**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. | 10/15/2018 | TRACY GUNTER |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **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 |

**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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
**a** Sponsor's name
**c** Plan Name

**4b** EIN

**4d** PN

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 1397 |
| **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)** | 1373 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 1204 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 21 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 1225 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 1226 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 490 |
| **h** Number of participants who 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:

2E 2F 2G 2J 2T 3D

**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)** | [X] | 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)** | [X] | 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)** | [X] | 1 | **A** (Insurance Information) |
| **(4)** | [X] | | **C** (Service Provider Information) |
| **(5)** | [X] | | **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2017**

**This Form is Open to Public Inspection**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

**A** Name of plan
REHAB PRO THERAPY 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
REHAB PRO THERAPY

**D** Employer Identification Number (EIN)
75-2962410

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 39-0989781 | 86231 | 999415 | 490 | 01/01/2017 | 12/31/2017 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 28240 | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

FROST INSURANCE AGENCY INC
CRAIG N THOMPSON
100 W HOUSTON ST T-10
SAN ANTONIO, TX 78205

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 24023 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

FROST INSURANCE AGENCY INC
JAMES E STONE
100 W HOUSTON ST T-10
SAN ANTONIO, TX 78205

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 4217 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 444678 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 15778798 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 474110 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 68165 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 5515 | | |
| | (4) Transferred from separate account | 7c(4) | 8400 | | |
| | (5) Other (specify below) | 7c(5) | 5552 | | |
| | ▶ FORFEITURE ACTIVITY | | | | |
| | (6) Total additions | | | 7c(6) | 87632 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 561742 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 21821 | | |
| | (2) Administration charge made by carrier | 7e(2) | 861 | | |
| | (3) Transferred to separate account | 7e(3) | 88907 | | |
| | (4) Other (specify below) | 7e(4) | 5475 | | |
| | ▶ ALLOCATED FORFS | | | | |
| | (5) Total deductions | | | 7e(5) | 117064 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 444678 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

| 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.** | **2017**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

**A** Name of plan
REHAB PRO THERAPY 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
REHAB PRO THERAPY

**D** Employer Identification Number (EIN)
75-2962410

## 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).. . . . . [X] 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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

**(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)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

| (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? |
|---|---|---|---|---|---|---|
| 15 37 52 62 64 67 | RECORDKEEPER | 19725 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

**(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

**2017**

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

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

**A** Name of plan
REHAB PRO THERAPY 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
REHAB PRO THERAPY

**D** Employer Identification Number (EIN)
75-2962410

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AEGON BALANCED RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-119 | P | 1147370 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMER FUNDS FUND INVESTO INV

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-009 | P | 1040033 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2010 TARGET DATE

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-687 | P | 87358 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2015 TARGET DATE

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-688 | P | 166351 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2020 TARGET DATE

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-689 | P | 532466 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2025 TARGET DATE

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-690 | P | 959564 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2030 TARGET DATE

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-691 | P | 1024559 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | AMERICAN FUNDS 2035 TARGET DATE | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-692 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1062182 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | AMERICAN FUNDS 2040 TARGET DATE | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-693 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1305354 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | AMERICAN FUNDS 2045 TARGET DATE | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-694 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1049656 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | AMERICAN FUNDS 2050 TARGET DATE | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-695 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 699634 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | AMERICAN FUNDS 2055 TARGET DATE | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-696 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 301654 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | BLACKROCK EQUITY DIVIDEND RET OPT | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-240 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 380120 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | BLACKROCK HEALTH SCIENCES OPS R | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-365 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 219423 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FIDELITY ADV LEVERAGED CP STOCK | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-072 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | GOLDMAN SACHS MID-CAP OPPORTUNITIES | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-147 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 411190 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | JPMORGAN U.S. EQUITY RET OPT | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-297 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 400774 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | LOOMIS SAYLES INVESTMENT GRADE BOND | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-086 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 625766 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | MORGAN STANLEY GROWTH RET OPT | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-166 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 831879 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | NEUBERGER BERMAN GENESIS RET OPT | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-311 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 183553 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | OPPENHEIMER GLOBAL RET OPT | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-216 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 370431 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | OPPENHEIMER INTERNATIONAL GROWTH | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-116 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 559489 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | PIONEER FUNDAMENTAL GROWTH RET OPT | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-600 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 672086 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TA BLACKROCK LIFEPATH INDEX 2020 | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-110 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TA BLACKROCK LIFEPATH INDEX 2025 | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-049 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TA BLACKROCK LIFEPATH INDEX 2030 | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-111 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TA BLACKROCK LIFEPATH INDEX 2035 | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-050 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TA BLACKROCK LIFEPATH INDEX 2040 | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-112 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TA BLACKROCK LIFEPATH INDEX 2045 | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-051 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TA BLACKROCK LIFEPATH INDEX 2050 | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-113 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TA BLACKROCK LIFEPATH INDEX 2055 | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-505 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TA BLACKROCK LIFEPATH INDEX 2060 | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-612 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TA BLACKROCK LIFEPATH INDEX RETIREM | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-047 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TRANSAMERICA MID CAP VAL OPPORTUNIT | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-427 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 324721 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD SMALL-CAP GROWTH INDEX | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-106 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 470840 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD SMALL-CAP INDEX RET OPT | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-107 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 407676 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD TARGET RETIREMENT 2010 | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-109 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2015

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

| **c** EIN-PN 39-0989781-048 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY ESTABLISHED VALUE RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

| **c** EIN-PN 39-0989781-613 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 544671 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
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

**2017**

**This Form is Open to Public Inspection**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

**A** Name of plan
REHAB PRO THERAPY 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
REHAB PRO THERAPY

**D** Employer Identification Number (EIN)
75-2962410

## 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) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 11834673 | 15778798 |
| **(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) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 474110 | 444678 |
| **(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 | 12308783 | 16223476 |
| | **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 | 12308783 | 16223476 |

## 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) | 652493 | |
| | **(B)** Participants | 2a(1)(B) | 1260119 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 20523 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1933135 |
| **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) | | |
| | **(F)** Other | 2b(1)(F) | 5515 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 5515 |
| | **(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) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | |
| | **(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) | | 2448605 |
| (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) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 4387255 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 452837 | |
| (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) | | 452837 |
| 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) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 19725 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 19725 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 472562 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 3914693 |
| 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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

**(1)** Name: PROTHRO WILHELMI AND CO PLLC **(2)** EIN: 74-2804360

**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 | | 400000 |
| 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 | | X | |

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

**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.)

# 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

**2017**

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

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

**A** Name of plan
REHAB PRO THERAPY 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
REHAB PRO THERAPY

**D** Employer Identification Number (EIN)
75-2962410

## 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): 13-3689044

**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 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): _____

---

**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):

**REHAB PRO 401(k) PLAN**
**December 31, 2017 and 2016**
**(With Independent Auditors' Report Thereon)**

**REHAB PRO 401(k) PLAN**
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**DECEMBER 31, 2017 AND 2016**


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# INDEPENDENT AUDITORS' REPORT

To the Trustees of the
Rehab Pro 401(k) Plan
Tyler, Texas

**Report on the Financial Statements**
We were engaged to audit the accompanying financial statements of the Rehab Pro 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, the related statements of changes in net assets available for benefits for the years then ended, 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 4, which was certified by Transamerica Life Insurance Company, the record-keeper of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. 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 years ended December 31, 2017 and 2016, that the information provided to the plan administrator by 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 Matters**
The supplemental schedule of "Assets Held for Investment Purposes at End of Year, as Reported by Trustee" as of the year ended December 31, 2017, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred 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 schedule, other than that derived from the information certified by 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.

Prothro, Wilhelmi & Company, PLLC
PROTHRO, WILHELMI AND COMPANY, PLLC

Tyler, Texas
October 10, 2018

**REHAB PRO 401(k) PLAN**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**DECEMBER 31, 2017 AND 2016**

| | 2017 | 2016 |
|---|---|---|
| **ASSETS** | | |
| Investments: | | |
| At fair value - | | |
| Interest in pooled separate accounts | $ 15,778,798 | $ 11,834,673 |
| Funds held in insurance company general account | 444,678 | 474,110 |
| Total investments at fair value | 16,223,476 | 12,308,783 |
| Receivables: | | |
| Employers' contributions | - | - |
| Participants' contributions | - | - |
| Total receivables | - | - |
| Total assets | 16,223,476 | 12,308,783 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 16,223,476 | $ 12,308,783 |

See accompanying notes to financial statements.

**REHAB PRO 401(k) PLAN**
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**DECEMBER 31, 2017 AND 2016**

| | 2017 | 2016 |
|---|---|---|
| **ADDITIONS TO NET ASSETS ATTRIBUTED TO:** | | |
| Net appreciation of investments in pooled separate accounts | $ 2,448,605 | $ 752,948 |
| Other income | 5,515 | 5,512 |
| Contributions: | | |
| Employers | 652,493 | 588,895 |
| Participants | 1,260,119 | 1,153,868 |
| Participant rollovers | 20,523 | 59,128 |
| Total contributions | 1,933,135 | 1,801,891 |
| Total additions | 4,387,255 | 2,560,351 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:** | | |
| Benefits paid to participants | 452,837 | 502,445 |
| Administrative expenses | 19,725 | 17,094 |
| Total deductions | 472,562 | 519,539 |
| Net increase | 3,914,693 | 2,040,812 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | | |
| Beginning of year | 12,308,783 | 10,267,971 |
| End of year | $ 16,223,476 | $ 12,308,783 |

See accompanying notes to financial statements.

# REHAB PRO 401(k) PLAN
# NOTES TO FINANCIAL STATEMENTS
# DECEMBER 31, 2017 AND 2016

## NOTE 1 – DESCRIPTION OF PLAN

The following description of the Rehab Pro 401(k) Plan (the 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 multi-employer defined contribution plan created for the benefit of the employees of Rehab Pro, LP, and Lifetime Wellness, Ltd. (the Employers). Prior to January 1, 2004, the Plan was a single-employer prototype plan for the employees of Rehab Pro, LP. The Plan provides for discretionary, matching, safe harbor matching, and additional employer contributions by the Employers and voluntary "before tax" contributions by participants. On February 15, 2008, the Plan transferred from Guardian to Transamerica as the third party administrator and has included the Safe Harbor Provisions in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### CONTRIBUTIONS

Participants may elect to contribute up to 75% of their salary as a "before tax" deductible contribution (elective deferrals) for tax purposes, subject to limits prescribed by law. The maximum annual participant contribution was $18,000 for 2017 and 2016. For participants over age 50, the Plan also allows for "catch-up" contributions up to a maximum of $6,000 for 2017 and 2016. All such contributions are voluntary and are paid to the Plan's custodian biweekly.

The Employers make contributions as follows:

#### Matching Contributions

The Employers, at their discretion, determine matching contributions based on employee elective deferral contributions. In 2007, matching contributions were specified as 100% of participant elective deferral contributions up to 3% of participant eligible pay. In 2008, to fulfill the Safe Harbor Provisions, matching contributions were specified as 100% of participant elective deferral contributions up to 3%, plus 50% of participant elective deferral contributions up to 4% of participant eligible pay.

#### Discretionary Contributions

The Employers may make discretionary contributions for each plan year. Discretionary contributions are allocated based on the relationship of each eligible participant's annual rate of compensation to the total annual compensation of all eligible participants. During 2017 and 2016, no discretionary contributions were made.

#### Additional Contributions

The Employers may be required to make an extra contribution in any plan year that the Plan is considered to be top heavy. These contributions will be made at the end of the year to non-highly paid employees who are active participants on that date. For 2017 and 2016, the Plan was not considered to be top heavy; therefore, no additional contributions were made.

**NOTE 1 – DESCRIPTION OF PLAN - continued**

Contributions for the years ended December 31, 2017 and 2016, were as follows:

| Employers: | 2017 | 2016 |
|---|---|---|
| Matching | $ 652,493 | $ 588,895 |
| Participants: | | |
| Salary deferrals | $ 1,260,119 | $ 1,153,868 |
| Rollovers | 20,523 | 59,128 |
| | $ 1,280,642 | $ 1,212,996 |

PARTICIPATION

Employees are eligible to participate in the Plan on the first day of the month immediately following completion of two months of service, as defined in the Plan agreement. Employees must be at least 21 years of age to participate in the Plan.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and allocations of (a) the Employers' contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING

A participant's elective deferral contributions and employer qualified non-elective contributions are 100% vested at all times. A participant's interest in all other employer contributions made for the benefit of the participant is 20% after two years of service, 40% after three years, 60% after four years, 80% after five years, and 100% after six years. As of April 1, 2007, for any employee who performed one hour of service after that date, the vesting schedule was amended to 15% after one year of service, 35% after two years, 60% after three years, and 100% after four years. All Safe Harbor contributions are 100% vested at all times.

FORFEITED ACCOUNTS

Forfeited non-vested amounts may be used to reduce future employer contributions and plan expenses. The forfeited non-vested amount for the years ending December 31, 2017 and 2016, were $5,718 and $1,671, respectively, which were properly utilized.

PAYMENT OF BENEFITS

Upon retirement at age 59½, death, total disability, or termination of the Plan, all amounts credited to a participant's account may be withdrawn and are 100% non-forfeitable. Distributions of amounts withdrawn upon retirement, total disability, death, or termination of service are made by lump sum distribution or rollover to another 401(k) plan or Individual Retirement Account.

PARTICIPANT LOANS

The Plan does not provide for participant loans.

## NOTE 1 – DESCRIPTION OF PLAN - continued

PLAN TERMINATION
Although they have not expressed any intent to do so, the Employers have the right to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will immediately become vested.

ADMINISTRATIVE EXPENSES
Administrative expenses of the Plan are the responsibility of the Plan; however, the Employers absorb legal, audit, recordkeeping, and trustee fees.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF PRESENTATION
The accompanying financial statements were prepared on the accrual basis of accounting.

INVESTMENT VALUATION AND INCOME RECOGNITION

Pooled Separate Accounts
Pooled Separate Accounts (PSAs) offered are proprietary to Transamerica and many invest exclusively in one underlying mutual fund traded on an established market. As such, the PSAs begin with a price determined by Transamerica, and the number of units issued are calculated to match the current fair market value of the underlying mutual fund holdings, a process known as unitizing the underlying assets. However, the rate of return of each will be consistent, taking into account any plan expenses. All of Transamerica's PSA choices are valued daily using publicly available quoted market prices, which represent the net asset value of shares held by the Plan at year end. Purchases and sales of investments are recorded on a trade date basis. See Note 5 for a discussion of fair value measurements.

PSAs are available under group annuity contracts that are underwritten by either Transamerica Life Insurance Company (TLIC) or Transamerica Financial Life Insurance Company (TFLIC). PSAs are invested in the general account of the insurance company.

The Stable Value Option
Transamerica's Stable Value Option investment choice in the group annuity contract complies with the Financial Accounting Standards Board's (FASB's) fully benefit-responsive requirements (as follows), and thus is reportable at contract value in the Plan's financial statements.

- The Stable Value Option investment choice is a non-tradable obligation of Transamerica. The investment's contract or proceeds cannot nor will not be assigned or sold to another party without the consent of Transamerica.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued**

INVESTMENT VALUATION AND INCOME RECOGNITION – continued

- The repayment of principal and interest credited to participants holding the investment is a financial obligation of Transamerica. However, if an event should ever occur such that realization of full contract value for a particular investment contract is no longer probable (e.g., a significant decline in creditworthiness of Transamerica), the Stable Value Option investment choice may no longer be considered fully benefit-responsive.

- The terms of Transamerica's Group Annuity Contract require all permitted participant-initiated transactions involving the investment to occur at contract value with no conditions, limits, or restrictions. Permitted participant-initiated transactions are those allowed by the Plan such as withdrawals for benefits or transfers to other investment choices within the plan.

- Since the Stable Value Option is an obligation of Transamerica, the occurrence of an event that limits the ability of the investment to transact at contract value between Transamerica and a participant holding the investment is not probable.

- The Stable Value Option investment choice allows a participant reasonable access to their assets.

The Stable Value Option investment choice is not considered a Guaranteed Interest Contract (GIC) or Common Collective Trust (CCT), and there is no stated minimum or maximum interest rate. The Stable Value Option, as a deposit liability of Transamerica with no underlying assets, would have no direct investments on behalf of the Plan. The assets are based on the general unallocated account of Transamerica and the risk of investment is based on our insurance ratings. FASB indicates the assets are fairly valued at contract value.

USE OF ESTIMATES
The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

PAYMENT OF BENEFITS
Benefit payments are recorded when paid.

**NOTE 3 – TAX STATUS**
The Plan obtained its latest determination letter on April 17, 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The plan administrator believes it is no longer subject to income tax examinations on its federal Annual Return/Report of Employee Benefit Plans (Form 5500) for years prior to 2014. The plan administrator also believes that it has filed all required tax reports and has no uncertain tax positions.

## NOTE 4 – INVESTMENTS

TLIC has certified that the financial information for the years ended December 31, 2017 and 2016, is complete and accurate.

NET APPRECIATION IN FAIR VALUE

During 2017 and 2016, the Plan's investments in PSAs, including those bought, sold, and held during the year, appreciated in value by $2,448,605 and $752,948, respectively.

OTHER INCOME

During 2017 and 2016, the Plan's Stable Value Option appreciated in value by $5,515 and $5,512, respectively. This amount is reported as Other Income on the Statement of Changes in Net Assets Available for Benefits.

## NOTE 5 – FAIR VALUE MEASUREMENTS

FASB ASC 820 (formerly FASB Statement No. 157, *Fair Value Measurements*) establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level one measurements) and the lowest priority to unobservable inputs (level three measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described below:

- *Level 1* – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

- *Level 2* – Inputs to the valuation methodology include:

    - Quoted prices for similar assets or liabilities in active markets;

    - Quoted prices for identical or similar assets or liabilities in inactive markets;

    - Inputs other than quoted prices that are observable for the asset or liability;

    - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

- *Level 3* – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

**NOTE 5 – FAIR VALUE MEASUREMENTS - continued**

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of 2017.

- *PSAs Investing in Mutual Funds or Domestic Equity Securities* – Valued at the net asset value of shares held by the Plan at year end. The net asset value is measured using quoted prices in active markets for identical assets ("Level 1" input).

- *PSAs Investing in Fixed Maturity Securities* – Valued at the net asset value of shares held by the Plan at year end. The net asset value is measured based on the pricing data provided by outside valuation service providers who in turn generally use the mean of bid and ask prices but may also use alternative observable pricing inputs for certain securities ("Level 2" input).

- *Stable Value Option* – There is no readily available market quotation for this fund. In accordance with FAS 107 (#12) and SOP 94-4-1, the fund is considered a deposit liability with no defined maturities and is fairly valued at contract value. Since contract value is fair value according to the Financial Accounting Standards Board Accounting Codification Standards (FASB ACS), the average yield earned by the plan is equal to the average yield earned by the plan adjusted to reflect the actual interest rate credited to plan participants ("Level 2" input).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets:

Assets at Fair Value as of December 31, 2017:

| | Amount | Level Classification |
|---|---|---|
| PSAs Investing in Mutual Funds or Domestic Equity Securities | $ 11,507,952 | Level 1 |
| PSAs Investing in Fixed Maturity Securities | 4,270,846 | Level 2 |
| Stable Value Option | 444,678 | Level 2 |
| Total assets at fair value | $ 16,223,476 | |

Assets at Fair Value as of December 31, 2016:

| | Amount | Level Classification |
|---|---|---|
| PSAs Investing in Mutual Funds or Domestic Equity Securities | $ 8,455,192 | Level 1 |
| PSAs Investing in Fixed Maturity Securities | 3,379,481 | Level 2 |
| Stable Value Option | 474,110 | Level 2 |
| Total assets at fair value | $ 12,308,783 | |

## NOTE 6 – PARTIES-IN-INTEREST TRANSACTIONS

The Plan invests all of its funds in a Stable Value Option and in various PSAs that are offered by TLIC, which performs various services such as receiving contributions for the Plan, valuing Plan assets, and processing benefit payments, as directed by the Plan trustee. TLIC is considered a party-in-interest to the Plan and has been indicated as such on the accompanying supplemental information, the Schedule of Assets Held for Investment Purposes at End of Year, as Reported by Trustee.

Fees and other administrative expenses paid by the Plan to parties-in-interest for the years ended December 31, 2017 and 2016, amounted to $19,725 and $17,094, respectively.

## NOTE 7 – RISKS AND UNCERTAINTIES

The investments in the Stable Value Option and various PSAs 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.

## NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Plan's Form 5500 is prepared on cash basis. The following is a reconciliation of the net assets available for benefits per the financial statements as of December 31, 2017 and 2016, Form 5500 as filed by the Plan with the Employee Benefits Security Administration:

| | 2017 | 2016 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 16,223,476 | $ 12,308,783 |
| Less: Employer contributions included in current year receivables | - | - |
| Less: Participant contributions included in current year receivables | - | - |
| Net assets available for benefits per the Form 5500 | $ 16,223,476 | $ 12,308,783 |

The following in a reconciliation of contributions per the financial statements for the year ended December 31, 2017 and 2016, to Form 5500:

| | 2017 | 2016 |
|---|---|---|
| Contributions per the financial statements | $ 1,933,135 | $ 1,801,891 |
| Less: Employer contributions included in current year receivables | - | - |
| Plus: Employer contributions included in prior year total receivables | - | 23,834 |
| Less: Participant contributions included in current year receivables | - | - |
| Plus: Participant contributions included in prior year total receivables | - | 42,462 |
| Contributions per the Form 5500 | $ 1,933,135 | $ 1,868,187 |

## NOTE 9 – SUBSEQUENT EVENTS

Subsequent events were evaluated through October 10, 2018, which is the date the financial statements were available to be issued.

REHAB PRO 401(k) PLAN
FORM 5500 SCHEDULE H, PART IV, ITEM 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR, AS REPORTED BY TRUSTEE

December 31, 2017

| (a) | (b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY | (c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE | (d) COST | (e) CURRENT VALUE |
|---|---|---|---|---|
| * | Transamerica Life Insurance Company | Stable Value Fund | $ 444,678 | $ 444,678 |
| * | Transamerica Life Insurance Company | AEGON Balanced Ret Opt | 1,147,370 | 1,147,370 |
| * | Transamerica Life Insurance Company | American Funds Fundamental Investors Inv Opt | 1,040,033 | 1,040,033 |
| * | Transamerica Life Insurance Company | Blackrock Equity Dividend Ret Opt | 380,120 | 380,120 |
| * | Transamerica Life Insurance Company | Blackrock Health Sciences Ops Ret Opt | 219,423 | 219,423 |
| * | Transamerica Life Insurance Company | Fidelity Advisor Leveraged Company Stock Inv Opt | - | - |
| * | Transamerica Life Insurance Company | Goldman Sachs Mid-Cap Opportunities Ret Opt | 411,190 | 411,190 |
| * | Transamerica Life Insurance Company | JPMorgan U.S. Equity Ret Opt | 400,774 | 400,774 |
| * | Transamerica Life Insurance Company | Loomis Sayles Investment Grade Bond Ret Opt | 625,766 | 625,766 |
| * | Transamerica Life Insurance Company | Morgan Stanley Growth Ret Opt | 831,879 | 831,879 |
| * | Transamerica Life Insurance Company | Neuberger Berman Genesis Ret Opt | 183,553 | 183,553 |
| * | Transamerica Life Insurance Company | Oppenheimer Global Ret Opt | 370,431 | 370,431 |
| * | Transamerica Life Insurance Company | Oppenheimer International Growth Ret Opt | 559,489 | 559,489 |
| * | Transamerica Life Insurance Company | Pioneer Fundamental Growth Ret Opt | 672,086 | 672,086 |
| * | Transamerica Life Insurance Company | Transamerica Partners Mid Value Ret Opt | 324,721 | 324,721 |
| * | Transamerica Life Insurance Company | TA Vanguard Small-Cap Growth Index Ret Opt | 31 | 31 |
| * | Transamerica Life Insurance Company | TA Vanguard Small-Cap Index Ret Opt | 25 | 25 |
| * | Transamerica Life Insurance Company | Vanguard Small-Cap Growth Index Ret Opt | 470,808 | 470,808 |
| * | Transamerica Life Insurance Company | Vanguard Small-Cap Index Ret Opt | 407,651 | 407,651 |
| * | Transamerica Life Insurance Company | Victory Established Value Ret Opt | 544,671 | 544,671 |
| * | Transamerica Life Insurance Company | American Funds 2010 Target Date Retire Opt | 87,358 | 87,358 |
| * | Transamerica Life Insurance Company | American Funds 2015 Target Date Retire Opt | 166,350 | 166,350 |
| * | Transamerica Life Insurance Company | American Funds 2020 Target Date Retire Opt | 532,466 | 532,466 |
| * | Transamerica Life Insurance Company | American Funds 2025 Target Date Retire Opt | 959,564 | 959,564 |
| * | Transamerica Life Insurance Company | American Funds 2030 Target Date Retire Opt | 1,024,559 | 1,024,559 |
| * | Transamerica Life Insurance Company | American Funds 2035 Target Date Retire Opt | 1,062,182 | 1,062,182 |
| * | Transamerica Life Insurance Company | American Funds 2040 Target Date Retire Opt | 1,305,354 | 1,305,354 |
| * | Transamerica Life Insurance Company | American Funds 2045 Target Date Retire Opt | 1,049,656 | 1,049,656 |
| * | Transamerica Life Insurance Company | American Funds 2050 Target Date Retire Opt | 699,634 | 699,634 |
| * | Transamerica Life Insurance Company | American Funds 2055 Target Date Retire Opt | 301,654 | 301,654 |
| * | Transamerica Life Insurance Company | Vanguard Target Retirement 2010 Ret Opt | - | - |
| * | Transamerica Life Insurance Company | Vanguard Target Retirement 2015 Ret Opt | - | - |
| * | Transamerica Life Insurance Company | Vanguard Target Retirement 2020 Ret Opt | - | - |
| * | Transamerica Life Insurance Company | Vanguard Target Retirement 2025 Ret Opt | - | - |
| * | Transamerica Life Insurance Company | Vanguard Target Retirement 2030 Ret Opt | - | - |
| * | Transamerica Life Insurance Company | Vanguard Target Retirement 2035 Ret Opt | - | - |
| * | Transamerica Life Insurance Company | Vanguard Target Retirement 2040 Ret Opt | - | - |
| * | Transamerica Life Insurance Company | Vanguard Target Retirement 2045 Ret Opt | - | - |
| * | Transamerica Life Insurance Company | Vanguard Target Retirement 2050 Ret Opt | - | - |
| * | Transamerica Life Insurance Company | Vanguard Target Retirement 2055 Ret Opt | - | - |
| * | Transamerica Life Insurance Company | Vanguard Target Retirement 2060 Ret Opt | - | - |
| * | Transamerica Life Insurance Company | Vanguard Target Retirement Income Ret Opt | - | - |
| | | | $ 16,223,476 | $ 16,223,476 |

* - Represents a party-in-interest as defined by ERISA

**Rehab Pro Therapy 401(k) Plan**
**EIN No.: 75-2962410, Plan No. 001**
**Schedule H, Line 4i - Schedule of Assets**
**Plan Year Ending: 12/31/2017**

| (a) | (b) Identity of Issuer, Borrower, Lessor or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value | (e) CURRENT VALUE |
|---|---|---|---|
| | Transamerica Life Insurance Co. | Transamerica Stable Value Advantage Option | **$ 444,678** |
| | Transamerica Life Insurance Co. | AEGON Balanced Ret Opt | $ 1,147,370 |
| | Transamerica Life Insurance Co. | American Funds Fundamental Investors Inv Opt | $ 1,040,033 |
| | Transamerica Life Insurance Co. | American Funds 2010 Target Date Retirement Ret Opt | $ 87,358 |
| | Transamerica Life Insurance Co. | American Funds 2015 Target Date Retirement Ret Opt | $ 166,350 |
| | Transamerica Life Insurance Co. | American Funds 2020 Target Date Retirement Ret Opt | $ 532,466 |
| | Transamerica Life Insurance Co. | American Funds 2025 Target Date Retirement Ret Opt | $ 959,564 |
| | Transamerica Life Insurance Co. | American Funds 2030 Target Date Retirement Ret Opt | $ 1,024,559 |
| | Transamerica Life Insurance Co. | American Funds 2035 Target Date Retirement Ret Opt | $ 1,062,182 |
| | Transamerica Life Insurance Co. | American Funds 2040 Target Date Retirement Ret Opt | $ 1,305,354 |
| | Transamerica Life Insurance Co. | American Funds 2045 Target Date Retirement Ret Opt | $ 1,049,656 |
| | Transamerica Life Insurance Co. | American Funds 2050 Target Date Retirement Ret Opt | $ 699,634 |
| | Transamerica Life Insurance Co. | American Funds 2055 Target Date Retirement Ret Opt | $ 301,654 |
| | Transamerica Life Insurance Co. | BlackRock Equity Dividend Ret Opt | $ 380,120 |
| | Transamerica Life Insurance Co. | BlackRock Health Sciences Ops Ret Opt | $ 219,423 |
| | Transamerica Life Insurance Co. | Goldman Sachs Mid-Cap Opportunities Ret Opt | $ 411,190 |
| | Transamerica Life Insurance Co. | JPMorgan U.S. Equity Ret Opt | $ 400,774 |
| | Transamerica Life Insurance Co. | Loomis Sayles Investment Grade Bond Ret Opt | $ 625,766 |
| | Transamerica Life Insurance Co. | Morgan Stanley Growth Ret Opt | $ 831,879 |
| | Transamerica Life Insurance Co. | Neuberger Berman Genesis Ret Opt | $ 183,553 |
| | Transamerica Life Insurance Co. | Oppenheimer Global Ret Opt | $ 370,431 |
| | Transamerica Life Insurance Co. | Oppenheimer International Growth Ret Opt | $ 559,489 |
| | Transamerica Life Insurance Co. | Pioneer Fundamental Growth Ret Opt | $ 672,086 |
| | Transamerica Life Insurance Co. | Transamerica Partners Mid Value Ret Opt | $ 324,721 |
| | Transamerica Life Insurance Co. | TA Vanguard Small-Cap Growth Index Ret Opt | $ 470,840 |
| | Transamerica Life Insurance Co. | TA Vanguard Small-Cap Index Ret Opt | $ 407,676 |
| | Transamerica Life Insurance Co. | Victory Sycamore Established Value Ret Opt | $ 544,671 |
| | | **Separate Account Total** | **$ 15,778,798** |
| | | **TOTAL PLAN ASSETS** | **$ 16,223,476** |

* Indicates Party-In-Interest to the Plan