Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

| Part I | | t identification information | | | | | | | | |
|---|------------------------------------|--|----------------------------------|-------------------------|--|--|-------------------------------------|------------------------|--|--|
| For calenda | ar plan year 2018 or | fiscal plan year beginning 01/01/2 | 2018 | | and ending 12 | 2/31/2018 | | | | |
| A This ret | :urn/report is for: | X a single-employer plan | | | in (not multiemployer) (ployer information in ac | | - | | | |
| | | a one-participant plan | af | oreign plan | | | | · | | |
| B This retu | urn/report is | the first return/report | the | final return/report | | | | | | |
| | | an amended return/report | a s | hort plan year return | /report (less than 12 m | onths) | | | | |
| C Check I | box if filing under: | Form 5558 | automatic extension DFVC program | | | | | | | |
| | | special extension (enter descri | ription) | | | | | | | |
| Part II | Basic Plan Inf | ormation—enter all requested in | formatio | on | | | | | | |
| 1a Name BELLEVUE- | • | AL THERAPY CENTER PROFIT SI | HARING | G PLAN | | | ee-digit n number | 001 | | |
| | | | | | | 1c Effe | ective date o | of plan 1/1989 | | |
| | | oyer, if for a single-employer plan) | 2.5. | | | | - | fication Number | | |
| | | om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post | | (if foreign, see instru | uctions) | (EII | • | 695893 | | |
| BELLEVUE-I | REDMOND PHYSICA | AL THERAPY CENTER | | | , | 2C Spo | nsor's telep 425-64 3 | ohone number 3-2928 | | |
| | | | | | | 2d Bus | iness code | (see instructions) | | |
| 2227 - 152ND AVE. N.E. REDMOND, WA 98052 | | | | | | 621340 | | | | |
| - , | | | | | | | | | | |
| 3a Plan a | dministrator's name a | and address X Same as Plan Spor | nsor. | | | 3b Administrator's EIN | | | | |
| | | | | | | 3c Administrator's telephone number | | | | |
| | | | | | | 3C Adri | iinistrator s | telephone number | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | ne plan sponsor or the plan name ha | | | | 4b EIN | | | | |
| | an, enter the plan sp or's name | onsor's name, EIN, the plan name a | and the p | pian number from th | e iast return/report. | 4d PN | | | | |
| C Plan N | lame | | | | | | | | | |
| | | | | | | F-0 | | | | |
| _ | | s at the beginning of the plan year | | | | 5a 5b | | 11 | | |
| | | s at the end of the plan year | | | | | | 10 | | |
| compl | ete this item) | | | | | 5c | | 10 | | |
| | · | articipants at the beginning of the pl | - | | | 5d(1) | | 9 | | |
| | | articipants at the end of the plan year | | | | 5d(2) | 1 | 9 | | |
| Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | | | | | | 5e | | 1 | | |
| | | or incomplete filing of this return | | | | | | | | |
| SB or Sche | | other penalties set forth in the instruction and signed by an enrolled actuary, andlete. | | | | | | | | |
| SIGN Filed with authorized/valid electronic signature. 07/15/2019 I. STEVEN CAMPBELL | | | | | | | | | | |
| HERE | Signature of plan | administrator | | Date | Enter name of individ | ual signing | as plan adı | ministrator | | |
| SIGN | | | | | | | | | | |
| HERE | Signature of empl | oyer/plan sponsor | | Date | Enter name of individ | ual signing | as employe | er or plan sponsor | | |

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| 6a | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | | | | | | | | No No |
|--------------|---|---|-----------------------------|------------------|----------|---------|-----------------|---------------------|-----------|
| b | b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | | | | | | | | s П No |
| | If you answered "No" to either line 6a or line 6b, the plan cann | | | | | | | X Yes | , 🔲 110 |
| С | If the plan is a defined benefit plan, is it covered under the PBGC in | | | | | _ | _ | Not det | ermined |
| | If "Yes" is checked, enter the My PAA confirmation number from th | | | | | _ | | (See instr | uctions.) |
| Do | rt III Financial Information | | | | | | | | |
| _ <u> </u> | | | (a) D a situation of | - f \/ | Т | | (I-) F | 1 - C V | |
| | Plan Assets and Liabilities | 7- | (a) Beginning | ot Year 51964 | | | (b) End | d of Year 451683 | |
| | Total plan liabilities | 7a | 4. | 80 | | | | 451005 | |
| | Total plan liabilities | 7b | A | 51884 | \dashv | | | 451683 | |
| <u> </u> | Net plan assets (subtract line 7b from line 7a) | 7c | | | | | /b) | | |
| | Contributions received or receivable from: | | (a) Amoun | ıt | | | (a) | Total | |
| | (1) Employers | 8a(1) | | 60105 | | | | | |
| | (2) Participants | 8a(2) | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | |
| b | Other income (loss) | 8b | | 48078 | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 12027 | |
| d | Benefits paid (including direct rollovers and insurance premiums | 0.4 | | 2152 | | | | | |
| | to provide benefits) | | | | | | | | |
| | Certain deemed and/or corrective distributions (see instructions) | 8e | , | - | | | | | |
| _ <u>'</u> | Administrative service providers (salaries, fees, commissions) 8f 10076 | | | | | | | | |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | expenses (add lines 2d, 2e, 2f, and 2e) | | | | | | 12228 | |
| - | Net income (loss) (subtract line 8h from line 8c) | 8h 8i | | | | | | -201 | |
| ÷ | Transfers to (from) the plan (see instructions) | | | | | | | 201 | |
| Pai | rt IV Plan Characteristics | oj . | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension | feature co | odes from the List of Pla | an Cha | racteri | stic Co | odes in the ins | structions: | |
| | 2E 3D | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Chara | acteris | tic Cod | des in the inst | ructions: | |
| D | (V) Committee of Constitute | | | | | | | | |
| Par | <u> </u> | | | | Vaa | l Na | 1 | | |
| 10 | During the plan year: Was there a failure to transmit to the plan any participant contribu | ıtione withi | n the time period | | Yes | No | | Amount | |
| a | described in 29 CFR 2510.3-102? (See instructions and DOL's V | /oluntary F | iduciary Correction | | | | | | |
| | Program) | | | 10a | | X | | | |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | • | | 10b | | X | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | X | | | 90 | 000 |
| d | d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | | 10d | | X | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth | | | | | | | | |
| | carrier, insurance service, or other organization that provides some | ne or all of | the benefits under | 10e | | X | | | |
| | the plan? (See instructions.) | | | | | | | | |
| | f Has the plan failed to provide any benefit when due under the plan? | | | | | X | | | |
| g | | | • | 10g | | X | | | |
| h | If this is an individual account plan, was there a blackout period? 2520.101-3.) | • | | 10h | | X | | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | he require | d notice or one of the | 10i | | | | | |
| | exceptions to providing the notice applied under 29 GFR 2520.10 | 1-0 | | 101 | L | L | | | |

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| Part | VI Pension Funding Compliance | | | | | | | |
|--------|---|--------|-------|---------|-------|--|--|--|
| 11 | В | Y | es No | | | | | |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 11a | | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? | : | Y | es X No | | | | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| а | a 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 letter ruling granting the waiver | | | | | | | |
| lf : | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | | |
| b | Enter the minimum required contribution for this plan year | 12b | | | | | | |
| С | Enter the amount contributed by the employer to the plan for this plan year | 12c | | | | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 12d | | | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No | N/A | | | |
| Part ' | VII Plan Terminations and Transfers of Assets | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | Yes | × N | o | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | | Yes X | No | | | |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.) | to | | | | | | |
| 1 | 3c(1) Name of plan(s): 13c(2) | EIN(s) | | 13c(3) | PN(s) | | | |
| | | | | | | | | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

| Part I | | Identification Informatio | | | / / | | | |
|-------------------|--|---|---|--|---|--|--|--|
| For calend | ar plan year 2018 or f | iscal plan year beginning | 01/01/2018 | and ending | 12/31/2 | | | |
| A This ret | turn/report is for: | 🛚 a single-employer plan | a multiple-employer pla list of participating em | n (not multiemployer) ployer information in a | (Filers checking th ccordance with the | is box must attach a e form instructions.) | | |
| | | a one-participant plan | a foreign plan | | | | | |
| B This retu | urn/report is | the first return/report | the final return/report | | | | | |
| | | an amended return/report | a short plan year return | /report (less than 12 r | nonths) | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | | DFVC program | m | | |
| | | special extension (enter des | scription) | | | | | |
| Part II | Basic Plan Info | ormation—enter all requested | information | | | | | |
| 1a Name BELI | | PHYSICAL THERAPY CE | NTER PROFIT SHARI | NG PLAN | 1b Three-digit plan numb | | | |
| | | | | | 1c Effective d | • | | |
| | | oyer, if for a single-employer plan | | | | dentification Number | | |
| Mailing | g address (include roo | om, apt., suite no. and street, or F ce, country, and ZIP or foreign po | P.O. Box) ostal code (if foreign, see instr | uctions) | | 1695893 | | |
| | | PHYSICAL THERAPY CE | | | 2c Sponsor's 425-64 | telephone number 3 – 2 9 2 8 | | |
| 2227 | 7 - 152ND AVE | . N.E. | | | 2d Business of | code (see instructions) | | |
| REDM | MOND | WA 98 | 052 | | 621340 | | | |
| 3a Plan a | ıdministrator's name a | and address 🗓 Same as Plan S | oonsor | | 3b Administrator's EIN | | | |
| 4 If the | name and/or EIN of t | he plan sponsor or the plan name onsor's name, EIN, the plan nam | has changed since the last read the plan number from t | eturn/report filed for | 4b EIN | | | |
| | sor's name | onson s name, chi, the plan ham | e and the plan number from t | io taot rotaliinopoiti | 4d PN | | | |
| C Plan | | | | | | | | |
| 5a Total | number of participant | ts at the beginning of the plan yea | ar | | 5a | 1 | | |
| | | ts at the end of the plan year | | | Eh | 1 | | |
| | | n account balances as of the end | | contribution plans | 5c | 1 | | |
| | • | participants at the beginning of the | | | 5d(1) | | | |
| . , | | participants at the end of the plan | | | - 140\ | | | |
| e Num | ber of participants wh | no terminated employment during | the plan year with accrued be | enefits that were less | 5e | | | |
| Caution: | A penalty for the lat | e or incomplete filing of this re | turn/report will be assessed | unless reasonable of | ause is establish | ed. | | |
| SB or Sch | nalties of perjury and ledule MB completed true, correct, and co | other penalties set forth in the ins and signed by an enrolled actuar mplete. | tructions, I declare that I have y, as well as the electronic ve | rsion of this return/rep | ort, and to the bes | t of my knowledge and | | |
| SIGN | dry | July or | 15JVL 2019 | I. Steven Ca | mpbell | | | |
| HERE | Signature of plan | | Date | Enter name of indiv | ridual signing as pl | an administrator | | |
| SIGN | | | | | | | | |
| HERE For Paper | | loyer/plan sponsor tice, see the Instructions for Form t | Date | Enter name of indiv | ridual signing as er | mployer or plan sponsor Form 5500-SF (2018) | | |
| ror rapery | TOTA NEGROCION POL NO | man oce min mon donone for Politic | रूप कर का अपने हैं। की | | | v.171027 | | |

| Pa | a | e | 2 |
|----|---|---|---|
| | | | |

| | Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a | an indepen | dent qualified public ad | counta | nt (IQI | PA) | | | res |
|-----|--|----------------------------|--|---------|---------|----------|---------------|------------|--------------|
| | If you answered "No" to either line 6a or line 6b, the plan cann | ot use For | m 5500-SF and must | instea | d use | Form 5 | 500. | | _ |
| С | If the plan is a defined benefit plan, is it covered under the PBGC in | | | | | | | Not o | determined |
| | If "Yes" is checked, enter the My PAA confirmation number from the | | | | | | | (See in | structions.) |
| Pai | rt III Financial Information | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning o | f Year | | | (b) End | d of Year | |
| | Total plan assets | 7a | | 151,9 | 64 | | 1-7 | | 451,683 |
| | Total plan liabilities | 7b | | | 80 | | | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | | 451,8 | 384 | | | | 451,683 |
| 8 | 137000 | 70 | (a) Amount | | | | (h) | Total | |
| | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (a) Amount | | | 77 | (1) | Total | |
| а | (1) Employers | 8a(1) | | 60,1 | L05 | | | | |
| | (2) Participants | 8a(2) | | | | 15 | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | |
| b | Other income (loss) | 8b | | -48,0 | 78 | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | - 1 | | | | 12,027 |
| | Benefits paid (including direct rollovers and insurance premiums | | | 0 1 | | | | | |
| | to provide benefits) | 8d | | 2,1 | 152 | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| f_ | Administrative service providers (salaries, fees, commissions) | 8f | | 10,0 | 076 | | | | |
| g | Other expenses | 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 12,228 |
| i | Net income (loss) (subtract line 8h from line 8c) | 81 | | | | | | | -201 |
| J | Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Pa | rt IV Plan Characteristics | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 3D | feature co | des from the List of Pla | an Chai | racteri | stic Cod | des in the in | structions | : |
| b | If the plan provides welfare benefits, enter the applicable welfare f | eature cod | les from the List of Pla | n Chara | cterist | tic Code | es in the ins | tructions: | |
| Pai | t V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | |
| а | Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram) | √oluntary F | Fiduciary Correction | 10a | | х | | | |
| k | Were there any nonexempt transactions with any party-in-interes reported on line 10a.) | t? (Do not | include transactions | 10b | | х | | | |
| - 0 | Was the plan covered by a fidelity bond? | | | 10c | Х | | | | 90,000 |
| - 0 | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | х | | | |
| 6 | | her persor ne or all of | ns by an insurance the benefits under | 10e | | х | | | |
| f | Has the plan failed to provide any benefit when due under the pla | an? | | 10f | | х | | | |
| | Did the plan have any participant loans? (If "Yes," enter amount | as of year- | end.) | 10g | | х | | | |
| ŀ | If this is an individual account plan, was there a blackout period? 2520.101-3.) | | | 10h | | Х | | | |
| i | If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 | the require 01-3 | d notice or one of the | 10i | | | | | |

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|------|---|---------------------|----------------|-----------|----------------------|-----------|
| - | | | | | | |
| Part | 10. W. 1 20. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1 | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below) | | | | | Yes No |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | 11a | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA? | | | | | Yes 🛛 No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. | uctions, and nth | enter t Day | he date (| of the lette Year | er ruling |
| If | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 | | | | | |
| | Enter the minimum required contribution for this plan year | | 12b | | | |
| С | Enter the amount contributed by the employer to the plan for this plan year | .,,,,,,, | 12c | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) | t of a | 12d | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No | N/A |
| Part | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | | Yes | X I | No |
| - | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC? | | | |] Yes [| X No |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. | the plan(s) | to | | | |
| 1 | 3c(1) Name of plan(s): | 13c(2) | EIN(s) | | 13c(| 3) PN(s) |
| | | | | | | |