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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entr	ies in accor	dance witl	n the instructions to the Form 550	0-SF.		•		
Pa	art I Annual Report Identification Inforr	nation							
For	calendar plan year 2011 or fiscal plan year beginning	01/01/201	1	and ending 1	2/31/2	2011			
Α	This return/report is for:	an	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan		
В	This return/report is: the first return/report	Ī	the final re	eturn/report		_			
_	an amended return/re	enort \Box		in year return/report (less than 12 mo	anthe)				
_	片_	- port		, ,	Jiiliis)	Пъпи			
С	Check box if filing under: Form 5558		automatic	extension		DFVC progra	m		
	special extension (en	ter description	on)						
Pa	art II Basic Plan Information—enter all requ	ested inform	ation						
1a	Name of plan				1b	Three-digit			
SOU.	TH COUNTY EYE PHYSICIANS & SURGEONS INC PR	ROFIT SHAF	RING & 401	(K) PLAN		plan number			
						(PN) •	003		
					1c	Effective date of			
						01/01			
2a	Plan sponsor's name and address; include room or sui JTH COUNTY EYE PHYSICIANS & SURGEONS INC	te number (e	employer, if	for a single-employer plan)		Employer Identif		er	
300	THE COUNTY ETE THIS ICIANS & SURGEONS INC					(EIN) 05-03			
					2c	Sponsor's telep			
		65 BOSTON				401-294			
NOR	TH KINGSTOWN, RI 02852	NORTH KIN	GSTOWN,	RI 02852	2d	Business code (ıs)	
					-	62111			
	Plan administrator's name and address (if same as pla TH COUNTY EYE PHYSICIANS & SURGEONS INC				3b	Administrator's I	EIN 69447		
300		NORTH KING			30	Administrator's t		hor	
			30	401-294		ibei			
4	If the name and/or EIN of the plan sponsor has change	ed since the	last return/i	report filed for this plan, enter the	4b	FIN			
	name, EIN, and the plan number from the last return/re			.,					
а	Sponsor's name				4c	PN			
5a	Total number of participants at the beginning of the pla	an year			5a			31	
b	Total number of participants at the end of the plan yea	r			5b	5h			
С	Number of participants with account balances as of the								
·	complete this item)				5c			32	
6a	Were all of the plan's assets during the plan year inve	sted in eliaib	le assets?	(See instructions.)			X Yes	No	
b		ū		,				, ,	
	under 29 CFR 2520.104-46? (See instructions on wait	ver eligibility	and conditi	ons.)			X Yes	No	
	If you answered "No" to either 6a or 6b, the plan ca	annot use F	orm 5500-	SF and must instead use Form 55	00.				
Pa	art III Financial Information				ı				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		. 7a	4077448			3903735		
b	Total plan liabilities		. 7b						
С	Net plan assets (subtract line 7b from line 7a)		. 7c	4077448			3903735	,	
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) T	otal		
a				(a) / iiii diii		(2) .	- Ctui		
	(1) Employers		. 8a(1)	79495					
	(2) Participants		. 8a(2)	158494					
	(3) Others (including rollovers)			2576					
b	• • • • • • • • • • • • • • • • • • • •			-58593					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						181972		
c d			. 8c						
u	Benefits paid (including direct rollovers and insurance to provide benefits)		8d	355685					
е	Certain deemed and/or corrective distributions (see ins								
f	Administrative service providers (salaries, fees, comm								
	• • • • • • • • • • • • • • • • • • • •	,							
g	Other expenses						25505		
h	1 (, , , , , , , , , , , , , , , , , ,						355685		
į	Net income (loss) (subtract line 8h from line 8c)						-173713		
j	Transfers to (from) the plan (see instructions)		8j						

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Part I\	/ I P	lan (:r	naracti	eristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2J 2K 2T
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Con	npliance Questions							
10	During the	plan year:		Yes	No		Am	ount	
а	Was there	a failure to transmit to the plan any participant contributions within the time period described in 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e any nonexempt transactions with any party-in-interest? (Do not include transactions reported a.)	10b		X				
С	Was the	plan covered by a fidelity bond?	10c	X					500000
d		an have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		X				
е	insurance	fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, service or other organization that provides some or all of the benefits under the plan? (See s.)	10e		X				
f	Has the p	an failed to provide any benefit when due under the plan?	10f		X				
g	Did the pla	an have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
h	If this is a	n individual account plan, was there a blackout period? (See instructions and 29 CFR 3.)	10h		X				
i		answered "Yes," check the box if you either provided the required notice or one of the sto providing the notice applied under 29 CFR 2520.101-3	10i						
Part	/I Pen	sion Funding Compliance							
	ls this a de	efined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Г	Yes	X No
12		efined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	If a waiver granting th	omplete 12a or 12b, 12c, 12d, and 12e below, as applicable.) of the minimum funding standard for a prior year is being amortized in this plan year, see instructed waiver	th						
	-	ninimum required contribution for this plan year			12b				
		amount contributed by the employer to the plan for this plan year			12c				
	Subtract th	ne amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left mount)	of a		12d				
е	Ū	nimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
Part		n Terminations and Transfers of Assets							4
		lution to terminate the plan been adopted in any plan year?			,	res X	No		
		nter the amount of any plan assets that reverted to the employer this year							
b		ne plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ntrol			_	
-		GC?					L	Yes	X No
С	_	nis plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the test or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1				
1	3c(1) Nam	e of plan(s):		13	c(2) E	N(s)		13c(3)	PN(s)
Cauti	on: A pen	alty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.	ı		
Unde	penalties	of perjury and other penalties set forth in the instructions, I declare that I have examined this retumned the completed and signed by an enrolled actuary, as well as the electronic version of this return.	urn/re	port, ir	cludin	g, if app			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/26/2012	PATRICIA MCGOWAN
HERE	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

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

2011

This Form is Open to Public Inspection

		uance wit	in the instructions to the Form 5	000-SF.		_
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	2011	_
	This return/report is for: 🛛 a single-employer plan	•	e-employer plan (not multiemployer	.)	a one-participant plan	
В	This return/report is:		return/report			
	an amended return/report	a short pl	an year return/report (less than 12	months)		
С	Check box if filing under:	automati	c extension		DFVC program	
	special extension (enter description					
Pa	art II Basic Plan Information—enter all requested inform	ation				
	Name of plan			1b	Three-digit	
SOU	TH COUNTY EYE PHYSICIANS & SURGEONS INC PROFIT SHAR	RING & 40	1(K) PLAN		plan number (PN) 003	
				10	Effective date of plan	
					01/01/1982	
2a	Plan sponsor's name and address; include room or suite number (e	mployer, i	f for a single-employer plan)	2b	Employer Identification Number	
500	TH COUNTY EYE PHYSICIANS & SURGEONS INC				(EIN) 05-0369447	
				2c	Sponsor's telephone number	
	OSTON NECK ROAD 65 BOSTON TH KINGSTOWN, RI 02852 NORTH KIN			24	401-294-4506	
NOIL	THANKE TOWN, ALOZOGE	GSTOVVIV	, NI 02032	2d	Business code (see instructions) 621111	
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	e")	3b	Administrator's EIN	_
SOU'	TH COUNTY EYE PHYSICIANS & SURGEONS INC 65 BOSTON NORTH KING	NECK RO	AD		05-0369447	
	NONTHAINC	JOTOVVIV,	102002	3с	Administrator's telephone number 401-294-4506	•
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b		_
	name, EIN, and the plan number from the last return/report.					
	Sponsor's name			4c	PN	_
	Total number of participants at the beginning of the plan year					31
b				· 5b		32
С	Number of participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the participants with account balances are participants with a participant with a par			5c		32
6a	Were all of the plan's assets during the plan year invested in eligible	1000			X Yes N	_ 0
b	Are you claiming a waiver of the annual examination and report of a	an indeper	ndent qualified public accountant (I	QPA)		_
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes N	0
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.		
		1				_
7	Plan Assets and Liabilities	_	(a) Beginning of Year 4077448	į.	(b) End of Year 3903735	_
b	Total plan liabilities	7a	1077440		3903733	. 10
C	Total plan liabilities	7b	4077448		3903735	_
8	Income, Expenses, and Transfers for this Plan Year	7c				_
а	Contributions received or receivable from:		(a) Amount		(b) Total	
	(1) Employers	8a(1)	79495	6		
	(2) Participants	8a(2)	158494			
	(3) Others (including rollovers)	8a(3)	2576			
b	Other income (loss)	8b	-58593			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			181972	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	355685			
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			355685	
i	Net income (loss) (subtract line 8h from line 8c)	8i			-173713	
j	Transfers to (from) the plan (see instructions)	8i		18	77	

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Dart IV	Plan Characteristics
Partiv	Fian Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2T

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

-									
Part	V	Compliance Questions	y y						
10	Duri	ng the plan year:		98		Yes	No		Amount
а		there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		×		
b		e there any nonexempt transactions with any party-in-interest? (Ine 10a.)			10b		X		
С	Was	s the plan covered by a fidelity bond?			10c	X		78 - 78	500000
d	Did t	the plan have a loss, whether or not reimbursed by the plan's fide shonesty?	elity bond, that was	caused by fraud	10d		X		
е	Wer	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of thuctions.)	persons by an insur ne benefits under the	ance carrier, e plan? (See	10e		X		
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X		***
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		10g		X		
h	If this	s is an individual account plan, was there a blackout period? (Ser 0.101-3.)	e instructions and 2	9 CFR	10g		X		
i	If 10	h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or on	e of the	10i				
Part	VI	Pension Funding Compliance							
11	Is thi 5500	s a defined benefit plan subject to minimum funding requirement:))	s? (If "Yes," see ins	tructions and com	plete	Sched	dule SE	3 (Form	Yes X No
12		is a defined contribution plan subject to the minimum funding req						The state of the s	Yes X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							
а	If a w	vaiver of the minimum funding standard for a prior year is being a ling the waiver	mortized in this plan	year, see instruc	ctions,	and e	enter th	ne date of th	ne letter ruling
lf y		ompleted line 12a, complete lines 3, 9, and 10 of Schedule M			u		Day		rear
10		r the minimum required contribution for this plan year	8 (8)	₹?		Г	12b		N
		r the amount contributed by the employer to the plan for this plan				-	12c		
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the tive amount)	result (enter a mini	us sign to the left of	of a		12d		
е	Will t	he minimum funding amount reported on line 12d be met by the	funding deadline?	•••••				Yes	No N/A
Part		Plan Terminations and Transfers of Assets							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?					П	res X No	0
		es," enter the amount of any plan assets that reverted to the emp							
b	Were	e all the plan assets distributed to participants or beneficiaries, tra	ansferred to another				ontrol		Yes X No
С		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)		plan(s), identify th	ne plar	n(s) to	1		
1:	3c(1)	Name of plan(s):				13	c(2) El	N(s)	13c(3) PN(s)
Cauti	on: A	penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.	
SB or	Sche	alties of perjury and other penalties set forth in the instructions, I dule MB completed and signed by an enrolled actuary, as well as rue, correct, and complete.	declare that I have e s the electronic vers	examined this retu ion of this return/r	rn/reprepart	ort, in and t	cluding to the b	g, if applica best of my k	ble, a Schedule knowledge and
SIGN		The MM (M)	7/19/2017	THOMAS	J	0	GH	211/	US
HERE	26	ignature of plan administrator	Date	Enter name of in	dividu	al sig	ning as	s plan admii	nistrator
SIGN	-								
HERE	- S	ignature of employer/plan sponsor	Date	Enter name of in	dividu	al sign	ning as	s employer	or plan sponsor