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

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

Revenue Code (the Code).

1210-0089

2014

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Parti		it identification information		-				
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2			/31/2014			
A		X a single-employer plan		plan (not multiemployer)				
A This re	eturn/report is for:		dance with the form	instructions)				
_		a one-participant plan	a foreign plan					
B This ref	turn/report is	the first return/report	the final return/repor					
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)			
C Chock	box if filing under:	X Form 5558	automatic extension	1	DFVC pro	gram		
• Check	box ii iiiiiig uiidei.	special extension (enter desc	rintion)					
		<u></u>						
Part II	Basic Plan In	formation—enter all requested in	formation		1 -			
1a Name		A DECELT CLIABING BLAN			1b Three-digit			
R.I. NEURO	JLOGY GROUP, INC	C. PROFIT SHARING PLAN			plan number (PN) ▶	001		
					1c Effective dat			
						/01/1994		
	sponsor's name and	address; include room or suite numb	er (employer, if for a sing	le-employer plan)		entification Number		
					2c Sponsor's te	lephone number		
1065 MEND	OON ROAD					-762-0170		
WOONSOC	KET, RI 02895-3927				2d Business code (see instructions			
						1111		
3a Plan a	administrator's name	and address XSame as Plan Spon	sor.		3b Administrato	r's EIN		
					3c Administrato	r's telephone number		
		the plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN			
	e, Elin, and the plan r sor's name	number from the last return/report.			4c PN			
		its at the beginning of the plan year.			5a			
		its at the end of the plan year			5b			
		th account balances as of the end of						
		docodnik balariood de er ine eria er			5c	1		
d(1) To	tal number of active	participants at the beginning of the p	lan year		5d(1)	4		
d(2) To	otal number of active	participants at the end of the plan ye	ar		5d(2)			
		t terminated employment during the						
		gg			5e	(
Caution:	A penalty for the lat	e or incomplete filing of this retur	n/report will be assesse	d unless reasonable cau	use is established.			
		other penalties set forth in the instru						
	s true, correct, and co	and signed by an enrolled actuary, amplete.	as well as the electronic v	ersion of this return/report	i, and to the best of	my knowledge and		
SIGN	Filed with authorize	ed/valid electronic signature.	09/15/2015	DENNIS J. AUMENTADO, M.D.				
HERE	Signature of plan administrator Date Enter name of indivi				ridual signing as plan administrator			
OLON	Orginature or plan	i ddillillistrator	Date	Enter name of individ	dai sigiling as plan	administrator		
SIGN HERE	PF							
	Signature of employer/plan sponsor Date Enter name of individual arer's name (including firm name, if applicable) and address (include room or suite number) (optional)					•		
r reparer's	s name (including firm	i name, ii applicable) and address (l	icidae footh of suite num	nei) (ohiiougi)	rieparei s telepno	one number (optional)		
ĺ								

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b	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 cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot the plan cannot the plan is in a control of the plan in the plan in the plan is in the plan in the plan in the plan in the plan is in the plan in th	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	X Yes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	121)? .		Yes	No Not determined
Par							
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year 294467
	Total plan assets	7a	2094	0			0
	Fotal plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	2694				294467
	ncome, Expenses, and Transfers for this Plan Year	70					
	Contributions received or receivable from:		(a) Amount				(b) Total
	1) Employers	8a(1)					
(2) Participants	8a(2)					
	3) Others (including rollovers)	8a(3)					
b_	Other income (loss)	8b	278	808			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					27808
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d					
	Certain deemed and/or corrective distributions (see instructions)	8e					
	Administrative service providers (salaries, fees, commissions)	8f	27	' 60			
	Other expenses	8g					
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					2760
	Net income (loss) (subtract line 8h from line 8c)	8i					25048
	Fransfers to (from) the plan (see instructions)	8i					
Part	IV Plan Characteristics	O _J					
b	2E 2F 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature coo	les from the List of Plan Charad	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
а b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest'	ıciary Cor	rection Program)	10a		X	
	on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		245000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
_11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction (302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day	

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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 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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

09/14/2015 11:11

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RI NEUROLOGY GROUP

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Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan

Dopartment of the Treasury Informal Revenue Service 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 Department of Labor hofita Security Administration

OMB Nos. 1210-0110 1210-0089

2014

Employee Be Ponsion Benefit Guaranty Corporation Revenue Code (the Code).

This Form is Open to

Public Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan 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) X C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit R.I. NEUROLOGY GROUP, INC. PROFIT SHARING PLAN plan number โดดา (PN) ▶ 1c Effective date of plan 01/01/1994 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number R.I. NEUROLOGY GROUP, INC. (EIN) 03-0414603 2c Sponsor's telephone number 1065 MENDON ROAD <u>401-762-0170</u> 2d Business code (see instructions) WOONSOCKET RI 02895-3927 621111 3a Plan administrator's name and address |X|Same as Plan Sponsor, 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN 5a Total number of participants at the beginning of the plan year 5a b Total number of participants at the end of the plan year..... 5b 4 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) 1 d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 4 d(2) Total number of active participants at the end of the plan year..... 5d(2) 4 e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... 5e Ω Caution: A penalty for the late or incomplete filling 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary. 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 DENNIS J. AUMENTADO, M.D. HERE Signature of blen administrator Date Enter name of individual signing as plan administrator SIGN ĎENNIS J. AUMENTADO, M.D. HERE Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)

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	Were all of the plan's assets during the plan year invested in eligil Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined beautiful.	i an inαepend i and conditio not use Forn	lent qualified public accounts.)	tant (i	QPA)			X Yes	
	in the plan is a defined benefit plan, is it covered under the PBGC I	nsurance pro	gram (see ERISA section 4	1021)?	· [Yes]No ∏ N	Vot deter	rmined
_ <u>Pa</u>	irt III Financial Information								
_ _ _a	Plan Assets and Liabilities	\vdash \downarrow	(a) Beginning of Ye	ar			(b) End of	Year	
_ <u>=</u>	Total plan lightliffee	7a		694	19				29446
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)				. 0		·		(
8	Income, Expenses, and Transfers for this Plan Year	7c		694	19			:	29446
_	Contributions received or receivable from:		(a) Amount		+		(b) Tota	al	
· <u> </u>	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
-	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b		278	0B				
- d	Total income (add lines \$a(1), 8a(2), 8a(3), and 8b)	8c							27808
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							-
е	Certain deemed and/or corrective distributions (see instructions)	8e	<u>, </u>		+				
	Administrative service providers (salaries, fees, commissions)	8f		276	50				
g	Other expenses	8g			\dashv				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2760
<u></u>	Net income (loss) (subtract line 8h from line 8c)	81			\top				25048
<u>j</u>	Transfers to (from) the plan (see instructions)	8j			1				
	t IV Plan Characteristics								
эа	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 3D	feature codes	from the List of Plan Char.	acteri	tic Co	des in the	: instruction	15:	
ь	If the plan provides welfare benefits, enter the applicable welfare fe	atura codes	from the Lint of Dian Chase.						
		.0.010 00063	mon (ne Ept of Fight Chara	÷(⊕)(S)	ic Coa	es mine i	nstructions) <u>.</u>	
Part	V Compliance Questions								
10	During the plan year:				Yes	Νp		nount	· · · · · · · · · · · · · · · · · · ·
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correct	ion Program)	10a		х			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,		10b		ж	-		
С	Was the plan covered by a fidelity bond?			10c	х			2	45000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
e	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.)	er persons by	an insurance carrier,	10e		x			
f	Has the plan failed to provide any benefit when due under the plan	?			\rightarrow	х			···
g				10f 10g					
h	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required no	tice or one of the	10h 10i			<u></u>		
art	VI Pension Funding Compliance			, , ,					
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Yes	" see instructions and com	olete (Scheda	tle \$B (Fo	2rm [Yes I	 П No
11a	Enter the unpaid minimum required contribution for current year fro	m Schedule	SB (Form 5500) line 39	1117777		l1a			
12	Is this a defined contribution plan subject to the minimum funding r						5A?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	as applicable)						
.a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	; amortized in	t this plan year, see instruc Mont	tions,	and e	iter the da	ite of the le	tter rulin	1g

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	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	orm 5500), and skin to line 13			
	Enter the minimum required contribution for this plan year			12b	
	Enter the amount contributed by the employer to the plan for this plan year			12¢	
	 Subtract the amount in line 12c from the amount in line 12b. Enter the resunegative amount) 	If (enter a minus sign to the left	ofa	12d	
e	• vviii the minimum funding amount reported on line 12d be met by the fundir	ng deadline?		Yes	s ∏ No ∏ N/A
ran	t VII Plan Terminations and Transfers of Assets	-			1110
13a	Has a resolution to terminate the plan been adopted in any plan year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes X	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, transfer of the PBGC?	rad ta anatha - I I I I			
C	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to	······	Yes X No
	13c(1) Name of plan(s):		13	c(2) EIN(s)	13c(3) PN(s)
				10.	
		,			I
Part	VIII Trust Information (optional)				
	Name of trust				
	Hanif of Music		1	4b Trust's Ell	N