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

2013

This Form is Open to Public Inspection

	• •	Complete all entries in accordance	ance with the instruc	tions to the Form 550	<i>1</i> 0-5F.		
Par		Identification Information					
For ca	lendar plan year 2013 or fi	scal plan year beginning 01/01/2013		and ending	03/31/2	2013	
A Th	s return/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B Th	s return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 m	nonths)		
C Ch	eck box if filing under:	Form 5558	automatic extension			X DFVC progra	am
		special extension (enter description	•				
Part	II Basic Plan Info	rmation —enter all requested information	tion		ı		
	ame of plan				1b	Three-digit	
SOUTH	COUNTY EYE PHYSICIA	NS & SURGEONS INC PROFIT SHARII	NG & 401(K) PLAN			plan number (PN) ▶	003
					1c	Effective date of	f plan
						01/01	•
	an sponsor's name and ad COUNTY EYE PHYSICIA	Idress; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identification (EIN) 05-03	fication Number 69447
80 GRI	0 GRIFFITH ROAD 80 GRIFFITH ROAD					Sponsor's telep	
P O BC		P O BOX 103	OWN, RI 02874		2d	Business code (see instructions)
3a P	an administrator's name ar	nd address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's I	
					3c	Administrator's t	telephone number
							·
4 If	the name and/or FIN of the	e plan sponsor has changed since the la	est return/report filed fo	r this plan, enter the	4h	EIN	
		mber from the last return/report.	ist return report med re	i tilis platt, criter tile	40	LIIN	
a s	oonsor's name				4c	PN	
5a ⊤	otal number of participants	at the beginning of the plan year			5a		31
	·	at the end of the plan year			5b		0
		account balances as of the end of the pl	• •	•	5c		0
_		s during the plan year invested in eligible					X Yes No
		f the annual examination and report of a ? (See instructions on waiver eligibility a					X Yes □ No
		ither line 6a or line 6b, the plan canno					<u></u>
		fit plan, is it covered under the PBGC ins					Not determined
0				·	<u>_</u> _		4
		or incomplete filing of this return/reported in the instructions of the penalties set forth in the instructions					able a Schodule
SB or		nd signed by an enrolled actuary, as wel					
SIGN		/valid electronic signature.					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ıning as plan adn	ninistrator
SIGN							
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	dual sig	ning as employe	er or plan sponsor
Prepa		name, if applicable) and address; include	room or suite number				number (optional)
					1		

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End o	f Vos	ır		
	Total plan assets	7a	(a) Beginning of Tea		+		(b) Lilu (n i ca	0		
	Total plan liabilities	7b		0	+				0		
	Net plan assets (subtract line 7b from line 7a)	7c	396245	3					0		
	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) To	ıtal			
	Contributions received or receivable from:		(a) Amount				(6) 10	ıaı			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	14630	1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						146	6301		
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	410875	4							
e	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						410	8754		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						-396	2453		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2T	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amou	ınt		
a				10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
					X					-00/	000
d				10c					0	5000	J00
	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.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	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			10i							
Part							ı				_
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	X	No
11:	Enter the unpaid minimum required contribution for current year fr					11a				ــــــــــــــــــــــــــــــــــــــ	
12	· · · · · · · · · · · · · · · · · · ·		,		-		EDICAS	П,	Yes	X	No
	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			oi se	CHUII	JUZ 01	LNIOM!	Ш_	100	^*	140
a	If a waiver of the minimum funding standard for a prior year is beir			ctions	, and e	enter th	ne date of th	e lette	er ruli	ng	
	granting the waiver.		Mon			Day		Year _		_	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				461					
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -	. 1	
гаус	J		

Enter the amount contributed by the employer to the plan for this plan year	12c			
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			
		Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?	. X	′es 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 under the of the PBGC?			X Yes	No
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			
13c(1) Name of plan(s):	3c(2) El	N(s)	13c(3)	PN(s)
VIII Trust Information (optional)				
Name of trust	14b ⊺r	ust's EIN		
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? I has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. If all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) I Trust Information (optional)	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)	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) Trust Information (optional)

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).

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

2013

This Form is Open to Public Inspection

Part I	Annual Report Ide	entification Information				
For calend	dar plan year 2013 or fisca	I plan year beginning 01/01/2013		and ending 0	03/31/2013	
A This re	eturn/report is for:	a single-employer plan a	multiple-employer pl	lan (not multiemployer)	a one-par	rticipant plan
B This re	eturn/report is:	the first return/report	e final return/report			
	Ī	an amended return/report	short plan year return	n/report (less than 12 me	onths)	
C Check	box if filing under:		utomatic extension		DFVC pro	ogram
• Oncor		special extension (enter description)				rg.a
Part II	Basic Plan Inform	nation—enter all requested information				
1a Name		lation—enter all requested information	on		1b Three-digit	
		& SURGEONS INC PROFIT SHARIN	G & 401(K) PLAN		plan number	r
					(PN) •	003
					1c Effective dat	e of plan
						/01/1982
	sponsor's name and addre DUNTY EYE PHYSICIANS	ss; include room or suite number (emp & SURGEONS INC	oloyer, if for a single-	employer plan)	The second secon	entification Number 5-0369447
					2c Sponsor's te	elephone number
	80 GRIFFITH ROAD 80 GRIFFITH ROAD					-294-4506
P O BOX 10 SAUNDERS	03 STOWN, RI 02874	P O BOX 103 SAUNDERSTO	WN. RI 02874			de (see instructions)
						21111
3a Plan a	administrator's name and a	address XSame as Plan Sponsor Nan	ne Same as Plar	Sponsor Address	3b Administrato	r's EIN
					3c Administrato	or's telephone number
					-	
4 If the	name and/or EIN of the pl	an sponsor has changed since the last	t return/report filed for	or this plan, enter the	4b EIN	
		er from the last return/report.				
	sor's name			,	4c PN	•
		the beginning of the plan year			5a	31
b Total	number of participants at	the end of the plan year			5b	0
		count balances as of the end of the pla			5c	0
6a Were	e all of the plan's assets du	uring the plan year invested in eligible	assets? (See instruc	tions.)		. X Yes No
		e annual examination and report of an				□ v _{aa} □ Na
		See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot				. Yes No
						D Not determined
C If the	plan is a defined benefit p	lan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?	Yes No	Not determined
Caution:	A penalty for the late or i	incomplete filing of this return/report	t will be assessed	unless reasonable cau	use is established	•
SB or Sch		penalties set forth in the instructions, signed by an enrolled actuary, as well te.				
		THE STATE OF THE S	11/1/		0.00	/ >
SIGN		-	11/19/2015	THOMAS J	COGHLIN 19	()
HERE	Signature of plan adm	inistrator	Date	Enter name of individ	lual signing as plan	administrator
SIGN			9			
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	lual signing as emp	loyer or plan sponsor
Preparer's		ne, if applicable) and address; include	room or suite number			one number (optional)
				<i>t</i>		

Par	t III Financial Information				7.5	a de la companya de l				
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar		1/26-3	(b) End	of Y	ear	
а	Total plan assets	7a	396245			7.47	(2) 2.14			0
b	Total plan liabilities	7b		0	0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	396245	53					4	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
	Contributions received or receivable from:									
	(1) Employers	8a(1)								
_	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
in gen	Other income (loss)	8b	14630)1						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							14630	1
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	410875	54						
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g								
W. S. V.	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4	10875	4
	Net income (loss) (subtract line 8h from line 8c)	8i						-3	96245	3
Par	Transfers to (from) the plan (see instructions) IV Plan Characteristics	8j		2 - 9						
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2T If the plan provides welfare benefits, enter the applicable welfare fe									
10	During the plan year:				Yes	No		۸m	ount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	,	Х		AIII	June	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	nclude transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X		14.5		117	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	d, that was caused by fraud	10d		Х				30000
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	er persons of the bene	by an insurance carrier, fits under the plan? (See	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				i i i
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year er	nd.)	10g	73	X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruc	ctions and 29 CFR	10h		×				
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	ne required	notice or one of the	10i						
Part			-1-4.9			•				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X N
11a	Enter the unpaid minimum required contribution for current year fr					11a			1	
12	Is this a defined contribution plan subject to the minimum funding	his richal Control			0.00		ERISA?	Г	Yes	N N
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			0. 00	3011	302 01				
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortize	d in this plan year, see instru		and	enter the		he le		ıling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule								46	
b	Enter the minimum required contribution for this plan year					12b				540

Form	EEOO	CE	201	2
FOIII	ววบบ	-SF	201.	.5

Page 3 -	1	1 100

			JEC 51 P		Carlotte Control
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	s N	o N/A
Part	VII Plan Terminations and Transfers of Assets	188	54		
13a	Has a resolution to terminate the plan been adopted in any plan year?	XY	es [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 under the c of the PBGC?	ontrol	**	X	Yes No
С	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.)	0			
1	3c(1) Name of plan(s):	Bc(2) Ell	N(s)	1	3c(3) PN(s)
		_			
Part	VIII Trust Information (optional)				
14a Name of trust		14b Tr	ust's E	IN	
			E III	C 2 78 1	2 2