Form 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Empl Benefit Plan				
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benetit Plan This form is required to be filed under sections 104 and 4065 of the Employee F				2015
Department of Labor Employee Benefits Security Administration	Income Security Act of 197	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).				
Pension Benefit Guaranty Corporation			nstructions to the Form 55	00-SF.		Inspection
Part IAnnual ReportFor calendar plan year 2015 or f	t Identification Information		and ending 09	/28/2015		
A This return/report is for:	a single-employer plan a one-participant plan	a multiple-employ	er plan (not multiemployer) g employer information in ac	(Filers check	0	
B This return/report is	the first return/report	X the final return/rep X a short plan year	ort eturn/report (less than 12 mo	onths)		
C Check box if filing under:	☐ Form 5558 ☐ special extension (enter desc	automatic extens	on		VC progra	m
Part II Basic Plan Inf	ormation—enter all requested in	,				
1a Name of plan R.I. NEUROLOGY GROUP, INC				1b Three- plan nu (PN) 1c Effectiv	umber	001
					01/01/	
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos		instructions)	(EIN)	03-041	
R.I. NEUROLOGY GROUP, INC.				2c Spons	or's telepho 401-762	
065 MENDON ROAD				2d Busine	ss code (se	e instructions)
VOONSOCKET, RI 02895-3927					62111	1
3a Plan administrator's name a	and address XSame as Plan Spor	isor.		3b Admini	strator's El	N
				3c Admini	strator's tel	ephone number
	e plan sponsor has changed since	e the last return/report fi	ed for this plan, enter the	4b EIN		
a Sponsor's name	umber from the last return/report.			4c PN		
5a Total number of participant	s at the beginning of the plan year.			5a		4
	s at the end of the plan year		2	5b		0
	account balances as of the end o			5c		0
d(1) Total number of active pa	articipants at the beginning of the p	olan year		5d(1)		4
	articipants at the end of the plan ye			5d(2)		0
than 100% vested	t terminated employment during th			5e	ah ad	0
Under penalties of perjury and o	or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, aplete.	ctions, I declare that I h	ave examined this return/rep	ort, including	g, if applicat	ble, a Schedule nowledge and
	l/valid electronic signature.	02/24/2016	DENNIS J. AUMENTA	DO, M.D.		
HERE Signature of plan	administrator	Date	Enter name of individu	al signing as	s plan admiı	nistrator
SIGN HERE Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ual signing as	employer	or plan sponsor
	name, if applicable) and address (Preparer's te		
For Paperwork Reduction Act Not	ce and OMB Control Numbers, see t	e instructions for Form	5500-SF		Fr	orm 5500-SF (2015)

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s 🗌 No
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condit	ndent qualified public a tions.)	ccount	ant (IQ	PA)			X Ye	s 🗌 No
_	If you answered "No" to either line 6a or line 6b, the plan cann					_		٦	—	
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA se	ection 4	021)? .		Yes	No	Not dete	rmined
Pa	t III Financial Information	1								
7	Plan Assets and Liabilities	1	(a) Beginning			_		(b) En	d of Year	
	Total plan assets	. 7a		294	-	_				0
	Total plan liabilities	. 7b			0	_				0
	Net plan assets (subtract line 7b from line 7a)	. 7c		294	467	_				0
8	Income, Expenses, and Transfers for this Plan Year	1	(a) Amou	Int		_		(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)				_				
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b			887	_				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_				887
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		293	893					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1	461					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							295	354
i	Net income (loss) (subtract line 8h from line 8c)	8i							-294	467
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instr	uctions:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	ic Coo	des in th	ne instru	ctions:	
Par	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c	Х					245000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.).	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
h	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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j	Did the plan trust incur unrelated business taxable income?			10j			Х			
Part	VI Pension Funding Compliance				-	-	-			
11	Is this a defined benefit plan subject to minimum funding requirem	nents? (If "	Yes," see instructions a	and cor	nplete	Scheo	lule SB	(Form		

	5500) and line 11a below)		(Yes	No
11a	Enter the unpaid minimum required contribution 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	302 of E	RISA?	Yes	× No

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-					Т		
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter r Year	uling
lf	you c	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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			X Y	es No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					0
D		e PBGC?				X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I			
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Dert	1/111	Truck Information					
Part		Trust Information		116	T	15.1	
14a	Name	e of trust		140	Trust's E	IN	
14c	Nam	ne of trustee or custodian		14d		's or custoo ne number	lian's
Par	t IX	IRS Compliance Questions		1			
15a	Is th	e plan a 401(k) plan?		Y	es	No	
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- ased safe arbor nethod	e AD	PP/ACP st
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Υ	es	No	
16a	Cheo	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цp	Ratio ercentag est		verage enefit test
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No	
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	avorable	
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Y€	es	No	
19	Were	in-service distributions made during the plan year?		Y	es	No	
	lf "Ye	es," enter amount		19			
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A

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Form 5500-SF	Short Form Ann	ual Return/Report of Small Er		
Department of the Treasury Internal Revenue Service		Denerit Wish		OMB Nos. 1210 1210
Depertment of Labor	This form is required to be f	Electronic de la companya de la comp		2015
Employee Benefits Security Administration Pension Bonefit Guaranty Corporation		Net under sections 104 and 4065 of the Employ 74 (ERISA), and sections 6057(b) and 6058(a) o Revenue Code (the Code).	of the Internal	
	Ecomplete ett autora i	+ + + ((ine Obde).		This Form is Open t Public Inspection
For calendar plan year 2015 or	rt Identification Informatio		<u>m 5500</u> -SF.	
	X a single-employer plan	01/01/2015 and ending		28/2015
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemploy	And Aller	
	a one-participant plan	list of participating employer information i	n accordance with	h the form instructions)
B This return/report is	the first return/report	${f X}$ the final return/report		
	an amended return/report	X a short plan year return/report (less than 1)	-	
C Check box if filing under;	Form 5558		2 months)	
	special extension (enter desc	automatic extension		VC program
Part II Basic Plan Info	Drmation-enter all requested in	ription)		-
R.I. NEUROLOGY GROUP	P, INC. PROFIT SHARIN		1b Three-c	ligit
		- an an and All A	plan nu	mber 001
			(PN) ▶ 1c Effective	e date of plan
a Plan sponsor's name (employ	yer, if for a single-employer plan)		01/01	e date of plan ./1994
		. Box)	2b Employe	r Identification Number
R.I. NEUROLOGY GROU		 Box) code (if foreign, see instructions) 	(EIN) 0	3-0414603
Group	P, INC.		2c Sponsor	's telephone number
1065 MENDON ROAD			<u>401-7</u>	<u>62-0170</u>
				code (see instructions)
			62111.	
	RI 02895-392 d address XSame as Plan Sponso	2.7 or	62111. 3b Administr	
	RI 02895-392 d address XSame as Plan Sponso	2.7 or.	3b Administr	ator's EIN
a Plan administrator's name and	d address XSame as Plan Sponso	ог	3b Administr 3c Administr	ator's EIN
a Plan administrator's name and fit the name and/or EIN of the p name. EIN, and the plan number	d address XSame as Plan Sponso	2.7 or. he last return/report filed for this plan, enter the	3b Administr 3c Administr 4b EIN	ator's EIN
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for Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-\$F.

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Form 5500-SF 2015			_					
Ra Mora ett - 611		Page						
b Are you claiming a written ett.	ible assets?	(See instructions	······································					
 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) If you communication and report of conditions and conditions and conditions. 								X Yes 🗍 I
"you answered "No" to either line fa or line the sta	you answered "No" to either line fa or line fa the -t.							🔀 Yes 🗌 N
• If the plan is a defined benefit plan, is it covered under the PBGC i	insurance pr	ogram (see ERIS		stead i	use Fo	orm 5500 רייז אי	I.	_
			- secut	402		Yes	No	Not determined
7 Plan Assets and Liabilities	Τ Τ	(n) Re-1-			— T			
a Total plan assets	7a	<u>(a) Begin</u>	ning of				<u>(b)</u> Er	id of Year
is Total plan liabilities				294	467	<u> </u>		
 Wor prantassets (subtract line 7b from line 7a) 	70			294	467			
 Income, expenses, and Transfers for this Plan Year 		(3) (4)	mount	2.7.4.	*8/			
Contributions received or receivable from; (1) Employers			nount				(b)	Total
(2) Participants	<u>8a(1)</u>							
(3) Others (including rollovers)	8a(2)							·····
b Other income (loss)	8a(3)							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	85			ŧ	87			
	<u>8</u> c							88'
server warrenter and the server and	80			2938	0.2			
 Certain deemed and/or corrective distributions (see instructione) 	8e			<u> </u>	33			
Administrative service providers (salaries, fees, commissions)	8f			14	-			
y Uther expenses	8g		· · · · · ·	14,	61		·	
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
I Not ince			·		[-			295354
iner income (loss) (subtract line 8h from line 8c)	81							
i Net income (loss) (subtract line 6h from line 8c) j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2J 2K 3D B If the plan provides welfare benefits, enter the applicable welfare for	8i 8j eature codes	a from the List of F	Plan Chi	aracter	istic C	odes in ti	ne instruc	-294467
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Form 5500-SF 2015

10/ii 3500-SF 2015	- -		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica a If a waiver of the minimum funding standard for	Page 3 -		
 a If a waiver of the minimum funding standard for a prior year is being amortize granting the waiver. If you completed line 12a, complete lines 3 e and 40 for a 	ible.)		
granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Formattion 1)	d in this plan year, see instructions, i	and enter the dat	e of the letter ruling
			Year
vear			
C Enter the amount contributed by the employer to the plan for this attaction		125	
 C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (employer to the amount)		12c	
(estin (e	entier a minus sign to the left of a		
e Will the minimum funding amount reported on line 12d be met by the funding of Part VII Plan Terminations and Transfers of Accests	leedline?	·····	
Part VII Plan Terminations and Transfers of Assets		Yes	No N//
Total has a resolution to terminate the plan been adopted in any plan when			
If "Yes," enter the amount of any plan assets that reverted to the employer this b Were all the plan assets distributed to participants or beneficiaries to be	Vear	<u> X</u>	Yes 🗌 No
 b Were all the plan assets distributed to participants or beneficiaries, transferred c If during this plan 	to prothere the	13a	
 of the PBGC? C If during this plan year, any assets or flabilities were transferred from this plan to which assets or liabilities were transferred from this plan to the pla	to another plan, or brought under the	control	X Yes No
C If during this plan year, any assets or flabilities were transferred from this plan t which assets or liabilities were transferred. (See Instructions.)	o another plan(s), identify the plan/e		
13c(1) Name of plan(s):	, , , , , , , , , , , , , , , , , , ,		
	<u>13c(</u>	2) EIN(5)	13c(3) PN(s)
art VIII Trust Information			
a Name of trust		······································	
		14b Trust's B	- <u> </u>
4c Name of trustee or custodian			
		14d Trustee	's or custodian's
art IX IRS Compliance Output		telepho	ne number
Questions	······································	<u> </u>	
5a Is the plan a 401(k) plan?		<u></u>	
		Yes	Π _{No}
5b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for e matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design-	
		│	
		method	test
testing method" for nonhighly compensated employees (Treas, Reg sections 1,401 2(a)(2)(ii))?	//arr year using the "current year 1(k)-2(a)(2)([i) and 1 404/	Yes	No
	litements under contion adouts	Ratio	
		percentage tøst	L Average benefit test
 Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) a this plan with any other plans under the permissive aggregation rules? a Has the plan been timely amended for all required to have been to have been timely amended for all required to have been timely amended for all required to have been to have be	and 401(a)(4) by combining	T Yes	
a Has the plan been timely amended for all required tax law charges 0			
b Date the last plan amendment/restatement for the required tax law changes vas ad for tax law changes and codes).	······	Yes	N₀N/A
for tax law changes and codes).	opted	pplicable code	
If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or v advisory letter, enter the date of that favorable letter If the plan is an individually designed plan			<u></u>
I if the plan is an individually-designed plan and and and and and and and and and a	<u>d the letter's serial number</u>	to a favorable (R	IS opinion or
determination letter	atter from the IRS, enter the date of the	10 plan's last few	orable
		,	
		Yes	
the plan year?	······································		
If "Yes," enter amount		_ Yes	No
		19	
retired), as required under section 401(a)(9)?	1/2 (regardless of whether or not		NoN/A
	<u></u>		