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

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calend	lar plan year 2015 or fi	scal plan year beginning 01/01/2	015	and ending 12	2/31/2015					
A This re	turn/report is for:	an (not multiemployer) ployer information in ac								
	·									
B This ret	urn/report is									
		an amended return/report	a short plan year return							
C Check	box if filing under:	Form 5558	automatic extension DFVC program							
D 4 11	[special extension (enter descr								
Part II		ormation—enter all requested inf	ormation		41					
1a Name	•	S AND PHYSICAL THERAPY, INC	401/K) DDOELT CHADINI	C DL AN	1b Three-digit plan numb					
30011100	JONIT OKTHOPEDIC	3 AND FITTSICAL THERAFT, INC	. 401(K) FROFIT SHAKIN	G FLAIN	(PN) ▶	001				
					1c Effective d	ate of plan 01/01/1992				
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	. Box)		2b Employer Identification Number (EIN) 05-0485441					
		ce, country, and ZIP or foreign posts S AND PHYSICAL THERAPY, INC.	al code (if foreign, see instr	uctions)	2c Sponsor's telephone number					
						code (see instructions)				
1 HIGH STR WAKEFIELD					621111					
3a Plan administrator's name and address XSame as Plan Sponsor.						3b Administrator's EIN				
3c Administrator's telephone number										
		e plan sponsor has changed since to mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN					
a Spons	sor's name				4c PN					
5a Total	number of participants	at the beginning of the plan year			5a	91				
b Total	number of participants	at the end of the plan year			5b	97				
		account balances as of the end of t	. , ,	•	5c					
		rticipants at the beginning of the pla			5d(1)	79				
		articipants at the end of the plan year		Î	5d(2)	73				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						5e 0				
Caution: A	A penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable cau						
SB or Sche	, , ,	her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.	•	•	, , , , , , , , , , , , , , , , , , , ,					
SIGN		/valid electronic signature.	03/01/2016	DANIEL LABRADOR						
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual signing as pla	n administrator				
SIGN HERE										
	Signature of emplo				ployer or plan sponsor					
Preparer's	name (including firm r	name, if applicable) and address (in	clude room or suite numbe	r)	Preparer's telep	hone number				

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 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a series of the plan cannot be a series of	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			×	Yes
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	determined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) En	d of Ye	ear
a Total plan assets	7a		6473	317					535940
b Total plan liabilities	7b		0.470	0.17	-				505040
C Net plan assets (subtract line 7b from line 7a)	7c		6473	317					535940
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total	
(1) Employers	8a(1)		304	476					
(2) Participants	8a(2)		276	250					
(3) Others (including rollovers)	8a(3)			179					
b Other income (loss)	8b		-177	272					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								403633
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6339	910					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g		1	100					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							(6341010
i Net income (loss) (subtract line 8h from line 8c)	8i							-4	5937377
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instru	ctions:	
10 During the plan year:				Yes	No	N/A		Amo	ount
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fig	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	Х					5000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under			X					110
f Has the plan failed to provide any benefit when due under the pla			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a	s of vear er	nd.)	10g		Χ				
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR								
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 required	notice or one of the	10h 10i	X					
j Did the plan trust incur unrelated business taxable income?			10i						
Part VI Pension Funding Compliance			. 0)	<u> </u>	l				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								П	Yes []
11a Enter the unpaid minimum required contribution for all years from						11a			<u> </u>
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction (302 of E	RISA?.		Yes X

	F	orm 5500-SF 2015 Page 3 - 1						
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal		
b	Enter th	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No		
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>		
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No	
С	If durin	PBGC? ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>		
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	EIN(s) 13c(3) PN(s)				
	100(1)	uno oi piuntoj.	130(2)	L114(3)		130(3)	· v (3)	
Dant		Turnet hafe amount on						
Part	Name o	Trust Information		14h 1	Γrust's Ell	N		
ı T a	Name 0	ii iiust		140	iusi s Lii	14		
14c	Name	of trustee or custodian		14d Trustee's or custodian's telephone number				
					tolophon	o mambon		
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	s	No		
					esign-			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/ACP harbor test				
450				method				
150		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Ye	S	No		
	2(a)(2)	(ii))?		□ Ra	atio			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage	e Average benefit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye	s	No		
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code for tax law changes and codes).								
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable		
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	\$	No		
19	Were in	n-service distributions made during the plan year?		Ye	S	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	S	No	N/A	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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2015

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning and ending 01/01/2015 12/31/2015 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a A This return/report is for: list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report B This return/report is an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 DFVC program automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit South County Orthopedics and Physical Therapy, Inc. 401(k) Profit plan number ron Sharing Plan (PN) ▶ 1c Effective date of plan 01/01/1992 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 05-0485441 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number South County Orthopedics and Physical Therapy, Inc. 401-789-1422 2d Business code (see instructions) 1 High Street 621111 Wakefield 02879 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 91 5a Total number of participants at the beginning of the plan year 5b **b** Total number of participants at the end of the plan year 97 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) 97

Caution: A penalty for the late or incomplete filing 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	Dhaloll	3/1/16	DANIEL LAERAD	OR				
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator				
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	dividual signing as employer or plan sponsor				
Preparer's r	name (including firm name, if applicable) and address (include r)	Preparer's telephone number					
			1					

d(1) Total number of active participants at the beginning of the plan year

than 100% vested.

d(2) Total number of active participants at the end of the plan year.....

Number of participants that terminated employment during the plan year with accrued benefits that were less

79

73

0

5d(1)

5d(2)

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 Were all of the plan's assets during the plan year invested in eligit 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 be a second or the plan cannot be	an indepe and condi	ndent qualified public : tions.)	account	ant (IC	(PA)	•••••	п п
c If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined
Part III Financial Information	_			-			
7 Plan Assets and Liabilities	de la companya de la	(a) Beginnin	***************************************	1			(b) End of Year
a Total plan assets	. 7a		64	7331	7		535940
b Total plan liabilities				2222	_		575040
C Net plan assets (subtract line 7b from line 7a)	1			7331	+		535940
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:	Petre Markey	(a) Amo	unt	<u> </u>	-		(b) Total
(1) Employers	. 8a(1)		3	0447	2000		
(2) Participants	. 8a(2)		2	7625			
(3) Others (including rollovers)	. 8a(3)			17		01g-54°0	
b Other income (loss)	. 8b	ļ	-1	7727	2	<u> </u>	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						403633
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		63	3991	0	olera/St	A A A Comment of the
e Certain deemed and/or corrective distributions (see instructions)	. 8e						
f Administrative service providers (salaries, fees, commissions)	. 8f						
g Other expenses	. 8g			110			A STATE OF THE PROPERTY OF THE
h Total expenses (add lines 8d, 8e, 8f, and 8g)	1	500 east consist for	erektetet	A1154355			6341010
Net income (loss) (subtract line 8h from line 8c)	. 8i						-5937377
j Transfers to (from) the plan (see instructions)	8;				-		
Part IV Plan Characteristics	1	<u></u>					
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D							
B If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Char	acterist	ic Co	des in th	e instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's North Program)	/oluntary F	iduciary Correction	10a		х		
b Were there any nonexempt transactions with any party-in-interest			10b		х		
reported on line 10a.)				х			50000
C Was the plan covered by a fidelity bond?			10c	<u> </u>		-	500000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х	. Side	
carrier, insurance service, or other organization that provides som	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			х			11098
f Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	486	
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х	Large.	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h	х			
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance	wavii						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a	
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of ti	ne Code	or se	ction 3	302 of E	RISA? Yes X No

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(If "Yes," complete lin	e 12a or lines 12b, 12c, 12d,	and 12e below, as applica	ble.)				, , , , , , , , , , , , , , , , , , ,			
a If a waiver of the min	mum funding standard for a	prior year is being amortize	d in this plan year,			enter the Day		e letter ru Year	ling	
If you completed line 1:	2a, complete lines 3, 9, and	10 of Schedule MB (Form	n 5500), and skip i	to line 13						
b Enter the minimum rec	uired contribution for this pla	n year	=-1441444444444444444444			12b				
c Enter the amount contr	ibuted by the employer to the	e plan for this plan year				12c				
	n line 12c from the amount in					12d				
e Will the minimum fund	ling amount reported on line	12d be met by the funding o	deadline?				Yes	No	N/A	
Part VII Plan Termin	ations and Transfers	of Assets								
13a Has a resolution to term	ninate the plan been adopted in	any plan year?	***************************************							
If "Yes," enter the am	ount of any plan assets that r	everted to the employer this	s year		******	13a				
	ets distributed to participants									
	r, any assets or liabilities wer ies were transferred. (See in	•	to another plan(s)	, identify t	he plan(s) to					
13c(1) Name of plan(s):					13c(2)	EIN(s)		13c(3) F	13c(3) PN(s)	
Part VIII Trust Inform	mation			47						
14a Name of trust				the selection and the selectio		14b Trust's EIN				
14c Name of trustee or cu	stodian			77.77		14d Trustee's or custodian's telephone number				
Part IX IRS Compl	iance Questions									
15a is the plan a 401(k) ola	an?					Yes	5	No		
15b If "Yes," how does the	401(k) plan satisfy the nondi (as applicable) under sectio	scrimination requirements f	or employee defen	rals and e	mployer	ba ha	sign- sed safe rbor ethod	ADP test		
testing method" for no	used, did the 401(k) plan per highly compensated employ	ees (Treas. Reg sections 1	.401(k)-2(a)(2)(ii) a	and 1.401	(m)-	Yes		∏No		
16a Check the box to indica	ate the method used by the p	lan to satisfy the coverage	requirements unde	er section	410(b):	Ra pe tes	rcentage		rage efit test	
16b Does the plan satisfy the this plan with any other	ne coverage and nondiscrimi plans under the permissive	nation tests of sections 410 aggregation rules?	(b) and 401(a)(4) t	by combin	ing	Yes	S	No		
17a Has the plan been time	ly amended for all required t	ax law changes?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	3	No	□ N/A	
for tax law changes an		·		.]	, Enter the				structions	
advisory letter, enter th	n adopter of a pre-approved e date of that favorable lette	Γ	and the letter's s	serial num	ber)r	
determination letter	ually-designed plan and rece					the plan	's last favo	rable	· · · · · · · · · · · · · · · · · · ·	
made), American Sam	in a U.S. territory (i.e., Puert ba, Guam, the Commonweal	th of the Northern Mariana	Islands or the U.S.	Virgin Isla	ands)?	Yes		∏ No	***********	
19 Were in-service distribu	tions made during the plan y	ear?				Yes		No		
						19				
Were required minimur retired), as required un	n distributions made to 5% or der section 401(a)(9)?	wners who have attained ag	ge 70 ½ (regardles	s of wheth	ner or not	Yes		∏No	□N/A	