Form 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed		4065 of the Employee Re	tirement		2015
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	057(b) and 6058(a) of the l de).	Internal		orm is Open to lic Inspection
	 Complete all entries in a lentification Information 	eccordance with the ins	tructions to the Form 55	00-SF.		
For calendar plan year 2015 or fisca		016	and ending 08	/01/2016		
A This return/report is for:	a single-employer plan a one-participant plan		plan (not multiemployer) mployer information in acc	•	-	
B This return/report is	the first return/report an amended return/report	\times the final return/report	ırn/report (less than 12 mc	onths)		
C Check box if filing under:	Form 5558	automatic extension			DFVC prog	ram
	special extension (enter descri					
· · ·	nation—enter all requested info	ormation	1	41		
1a Name of plan SOUTH COUNTY ORTHOPEDICS /	AND PHYSICAL THERAPY, INC	. 401(K) PROFIT SHARI	NG PLAN	1b Threplan (PN)	number	001
				1c Effe	ctive date of 01/0	f plan 1/1992
	apt., suite no. and street, or P.O			2b Emp (EIN	-	ication Number 485441
City or town, state or province, SOUTH COUNTY ORTHOPEDICS A	country, and ZIP or foreign posta ND PHYSICAL THERAPY, INC.	al code (if foreign, see ins	tructions)	2c Spo		hone number 39-1422
1 HIGH STREET				2d Busi	ness code (see instructions)
WAKEFIELD, RI 02879					6211	11
3a Plan administrator's name and	address XSame as Plan Spons	or.		3b Adm	inistrator's I	EIN
4 If the name and/or EIN of the p	lan sponsor has changed since t	he last return/report filed	for this plan, onter the	3C Adm	inistrator's t	elephone number
name, EIN, and the plan numb				40 PN		
5a Total number of participants at	the beginning of the plan year			5a		97
b Total number of participants at			1	5b		0
C Number of participants with ac	count balances as of the end of t	he plan year (defined bei	nefit plans do not	5c		0
d(1) Total number of active partic	pipants at the beginning of the pla	an year		5d(1)		73
d(2) Total number of active partic	cipants at the end of the plan yea	ır		5d(2)		0
e Number of participants that ter	rminated employment during the	plan year with accrued b	enefits that were less	5e		0
Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and comple	r penalties set forth in the instruc signed by an enrolled actuary, as	tions, I declare that I hav	e examined this return/rep	ort, includ	ing, if applic	
SIGN Filed with authorized/va		08/24/2016	DANIEL LABRADOR			
HERE Signature of plan adr	ninistrator	Date	Enter name of individu	al signing	as plan adn	ninistrator
SIGN HERE Simulations of complete		Dete	Enter some of individu			
Preparer's name (including firm name)		Date Clude room or suite numb	Enter name of individu		as employe s telephone	
For Denominary Deduction Act Nation	and OMB Control Numbers, see the	instructions for Form 550	0-SE			Form 5500-SF (2015)

	Were all of the plan's assets during the plan year invested in eligib		,						X Yes	No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	and conditi	ons.)		·····	·····			× Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir							No	Not deterr	nined
	t III Financial Information		5 (,					
	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End	of Year	
	Total plan assets	7a	(u) Deginning		940					0
	Total plan liabilities	7ŭ 7b								-
	Net plan assets (subtract line 7b from line 7a)	7c		535	940					0
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) T	otal	
-	Contributions received or receivable from: (1) Employers	8a(1)	(4) /					(4) 1		
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		4	917					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							49	17
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		539	031					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1	826					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5408	57
i	Net income (loss) (subtract line 8h from line 8c)	8i							-5359	40
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 2A 2E 2F 2G 2J 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in	the instruc	ctions:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	tic Coo	des in th	ne instructi	ions:	
Part	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 Fi	duciary Correction	10a		х				
b	•	t? (Do not i	nclude transactions	10b		х				
С	Was the plan covered by a fidelity bond?			10c	х	ľ				500000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
e		ner persons ne or all of t	s by an insurance he benefits under	10e		х				
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 year e	nd.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g 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	he required	notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
Part	VI Pension Funding Compliance			,	1	1	I	1		
11	Is this a defined benefit plan subject to minimum funding requirem	nents? (If "Y	es." see instructions :	and con	nplete	Scher	dule SR	(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 3	302 of E	RISA?	Yes	Х	No

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		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):	Цр	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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Fo	rm 5500-SF	Short Form Annu	-	t of Small Employ	уее		OMB Nos. 1210-0110 1210-0089
	artment of the Treasury ernal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and	4065 of the Employee Reti	irement		2015
	Department of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the In	itemal		Form is Open to
Pension E	Benefit Guaranty Corporation	▶ Complete all entries in	accordance with the inst	ructions to the Form 550	0-SF.	Put	olic Inspection
Part I		Identification Information					
For calence	iar plan year 2015 or fis		01/01/2016	and ending	08/	01/201	.6
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) (F mployer information in acco		-	
		~~					
B This ret	urn/report is	the first return/report an amended return/report	\mathbf{X} the final return/report \mathbf{X} a short plan year retu	rn/report (less than 12 mon	iths)		
C Check	box if filing under:	Form 5558	automatic extension		Пс)FVC prog	ram
		special extension (enter desci					
Part II	Basic Plan Infor	mation—enter all requested in		*****	****		
1a Name	ofplan County Orthoped	dics and Physical Th			1b Three plan i (PN)	number	001
				1		tive date o 01/199	
		er, if for a single-employer plan) n, apt., suite no. and street, or P.C). Box)	2	•	oyer Identi 05-048	fication Number
	•	e, country, and ZIP or foreign post edics and Physical T	• •	ructions)	2c Spon		hone number
1 High	n Street			2	2d Busin 621		(see instructions)
Wakefi	leld	RI 02879					
3a Plan a	dministrator's name and	d address XSame as Plan Spons	SOF.	, 3	3b Admir	nistrator's	EIN
				3	3c Admir	histrator's	telephone number
4 If the r	name and/or EIN of the	plan sponsor has changed since	the last return/report filed f	or this plan, enter the	1b EIN		
name		ber from the last return/report.			IC PN		
		at the beginning of the plan year			5a	***********************************	97
b Total i	number of participants a	it the end of the plan year			5b		0
		ccount balances as of the end of t			5c		0
d(1) Tota	al number of active parti	icipants at the beginning of the pla	an year		5d(1)		73
d(2) Tota	al number of active parti	icipants at the end of the plan yea	ır		5d(2)		0
		erminated employment during the			5e		0
Caution: A	penalty for the late or	r incomplete filing of this return	/report will be assessed	unless reasonable cause			
SB or Sche	dule MB completed and	er penalties set forth in the instruc d signed by an enrolled actuary, a ete.					
sign Here	Atale		8/24/16	Daniel Labrador			
SIGN	Signature of plan ad	ministrator	Date	Enter name of individual	signing a	s plan adr	ninistrator
HERE	Signature of employe	er/nlan sponsor	Date	Enter name of individual	signing a	semplove	r or plan sponsor
Preparer's		me, if applicable) and address (in				telephone	
			<i>:</i>				
				1			1

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rayer	Ρ	age	2
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	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canne	an indepei and condi	ndent qualified public a	ccount	ant (IQ	PA)			X Yes X Yes	No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA se	ection 4	021)?		Yes []No []	Not deterr	nined
Pa	rt III Financial Information		······································							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End o	of Year	
а	Total plan assets	7a		53	5,94	0				0
b	Total plan liabilities	7b			*****					
С	Net plan assets (subtract line 7b from line 7a)	7c		53	5,94	0				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b) To	otal	
а	Contributions received or receivable from:	a (4)								
	(1) Employers	8a(1)								
	(2) Participants	8a(2)					<u></u>			
	(3) Others (including rollovers)	8a(3)			4,91	7				
	Other income (loss)	8b			+,91					4,917
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c								<u>+,)1</u>
d	to provide benefits)	8d		53	9,03	1				
e	Certain deemed and/or corrective distributions (see instructions)	8e					_			
	Administrative service providers (salaries, fees, commissions)	8f			1,82	6				
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		:				-	54	0,857
i	Net income (loss) (subtract line 8h from line 8c)	8i		-					~53	5,940
i	Transfers to (from) the plan (see instructions)	8i								
Dai	t IV Plan Characteristics	L9	<u></u>							
	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 fe	eature coc	les from the List of Plan	n Chara	acterist	ic Coc	les in the	e instructio	ons:	
Par	V Compliance Questions		<u></u>				r1			
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		x				
С	Was the plan covered by a fidelity bond?			10c	X				5	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x				
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.)	e or all of	the benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		x				
q	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		x				
h		(See instru	uctions and 29 CFR	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	ne require	d notice or one of the	10ì						
j	Did the plan trust incur unrelated business taxable income?			10j		<u> </u>				
Par	VI Pension Funding Compliance					O a la c	4.16 00	/Form	·····	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)					••••••			Yes	No
11a	Enter the unpaid minimum required contribution for all years from								☐ Yes	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ection	302 of E	:RISA?	L Yes	X No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as ap	oplicable.)		<u> </u>
a If a waiver of the minimum funding standard for a prior year is being am granting the waiver.		and enter th Day	e date of the letter ruling Year
If you 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	
c Enter the amount contributed by the employer to the plan for this plan yea	37	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)	sult (enter a minus sign to the left of a	12d	
e Will the minimum funding amount reported on line 12d be met by the fun	ding 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 Yes No
If "Yes," enter the amount of any plan assets that reverted to the employ	er this year	13a	0
b Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	· · · ·		X Yes 🗌 No
c If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the plan	(s) to	
13c(1) Name of plan(s):	13	c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information			
14a Name of trust		14b 1	rust's EIN
14c Name of trustee or custodian			Trustee's or custodian's telephone number
Part IX IRS Compliance Questions		L	
Part IX IRS Compliance Questions 15a is the plan a 401(k) plan?		Ye	
	ents for employee deferrals and employe	· De ba	s No esign- sed safe ADP/ACP rbor test ethod
15a is the plan a 401(k) plan?	ents for employee deferrals and employer m)(2)? g for the plan year using the "current year ons 1.401(k)-2(a)(2)(ii) and 1.401(m)-		esign- sed safe ADP/ACP rbor test ethod s No
 15a Is the plan a 401(k) plan?	ents for employee deferrals and employed m)(2)? g for the plan year using the "current year ons 1.401(k)-2(a)(2)(ii) and 1.401(m)-		esign- sed safe ADP/ACP trbor test ethod s No ttio Average penefit test
 15a Is the plan a 401(k) plan?	ents for employee deferrals and employed m)(2)? g for the plan year using the "current year ons 1.401(k)-2(a)(2)(ii) and 1.401(m)- rage requirements under section 410(b): s 410(b) and 401(a)(4) by combining	De De ha mu Ye Ra Ra Ra re tes	asign- sed safe ADP/ACP test athod No attio rcentage Average benefit test
 15a Is the plan a 401(k) plan? 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requiremed matching contributions (as applicable) under sections 401(k)(3) and 401(x) 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing testing method" for nonhighly compensated employees (Treas. Reg section 2(a)(2)(ii))? 16a Check the box to indicate the method used by the plan to satisfy the coverage and nondiscrimination tests of section 	ents for employee deferrals and employer m)(2)? g for the plan year using the "current year ons 1.401(k)-2(a)(2)(ii) and 1.401(m)- rage requirements under section 410(b): s 410(b) and 401(a)(4) by combining	De ba ha mi Ye Ra tes Ye.	asign- sed safe ADP/ACP test athod No tio rcentage Average benefit test s No
 15a Is the plan a 401(k) plan?	ents for employee deferrals and employer m)(2)? g for the plan year using the "current year ons 1.401(k)-2(a)(2)(ii) and 1.401(m)- rage requirements under section 410(b): s 410(b) and 401(a)(4) by combining	De ba ha mi Ye Ra tes Ye.	esign- sed safe ADP/ACP test athod S No s No s No s No No No No No
 15a is the plan a 401(k) plan?	ents for employee deferrals and employer m)(2)? g for the plan year using the "current year ons 1.401(k)-2(a)(2)(ii) and 1.401(m)- rage requirements under section 410(b): s 410(b) and 401(a)(4) by combining es was adopted Enter (M&P) or volume submitter plan that is su and the letter's serial number	De ba ha mi Pe tea pe tea tea pe tea tea pe tea tea tea tea tea tea tea tea tea te	esign- sed safe ADP/ACP test sethod No s No stio rcentage Average benefit test s No s No No s No N/A de code (See instructions vorable IRS opinion or
 15a is the plan a 401(k) plan?	ents for employee deferrals and employer m)(2)? g for the plan year using the "current year ons 1.401(k)-2(a)(2)(ii) and 1.401(m)- rage requirements under section 410(b): s 410(b) and 401(a)(4) by combining es was adopted Enter (M&P) or volume submitter plan that is su and the letter's serial number mination letter from the IRS, enter the da	De De Da ha na mu Pe Pe tes the applicab the plan	esign- sed safe ADP/ACP test est athod No s No s No s No s No No s No
 15a is the plan a 401(k) plan?	ents for employee deferrals and employer m)(2)? g for the plan year using the "current year ons 1.401(k)-2(a)(2)(ii) and 1.401(m)- rage requirements under section 410(b): s 410(b) and 401(a)(4) by combining es was adopted Enter (M&P) or volume submitter plan that is st and the letter's serial number mination letter from the IRS, enter the da and et letter from the IRS, enter the da	ba ha mm Pe ba ha mm Ye Pe tes tes the applicat the applicat the applicat	esign- sed safe ADP/ACP test athod No s No s No s No s No No s No No
 15a is the plan a 401(k) plan?	ents for employee deferrals and employed m)(2)? g for the plan year using the "current year ons 1.401(k)-2(a)(2)(ii) and 1.401(m)- rage requirements under section 410(b): s 410(b) and 401(a)(4) by combining es was adopted Enter (M&P) or volume submitter plan that is su and the letter's serial number mination letter from the IRS, enter the da under ERISA section 1022(i)(2) has been iana Islands or the U.S. Virgin Islands)?.	De De Da	esign- sed safe ADP/ACP test athod No s No s No s No s No No s No No
 15a is the plan a 401(k) plan?	ents for employee deferrals and employer m)(2)? g for the plan year using the "current year ons 1.401(k)-2(a)(2)(ii) and 1.401(m)- rage requirements under section 410(b): s 410(b) and 401(a)(4) by combining es was adopted Enter (M&P) or volume submitter plan that is st and the letter's serial number mination letter from the IRS, enter the da under ERISA section 1022(i)(2) has been iana Islands or the U.S. Virgin Islands)?.	billion billio	esign- sed safe ADP/ACP test athod No s No s No s No s No No s No No