## 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	1			
For calenda	ar plan year 2015 or fis	cal plan year beginning 01/01/	2015	and ending 1:	2/31/2015	
A This ret	turn/report is for:	a single-employer plan  a one-participant plan	list of participating e	plan (not multiemployer) mployer information in ac	-	
<b>B</b> This retu	urn/report is	the first return/report	a foreign plan  the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	
C Check I	box if filing under:	X Form 5558	automatic extension		DFVC	program
B 4 II		special extension (enter desc	. ,			
Part II		rmation—enter all requested in	nformation		T 41	1
1a Name FOUNDATION	•	S & COMPLEX SPINE, INC. 403	(B) PLAN		1b Three-digit plan numb (PN) ▶	
					1c Effective d	ate of plan 01/01/2013
Mailing	g address (include roon	yer, if for a single-employer plan) n, apt., suite no. and street, or P.0 e, country, and ZIP or foreign pos		tructions)	(EIN)	dentification Number 13-4047356
		5 & COMPLEX SPINE, INC.	tal code (il foreign, see ins	il dellons)	2	telephone number 12-308-7732
226 EAST 54	4TH STREET, SUITE 3	306			2d Business of	ode (see instructions)
NEW YORK,	NY 10022					621111
3a Plan a	dministrator's name an	d address XSame as Plan Spon	sor.		<b>3b</b> Administra	tor's EIN
					<b>3c</b> Administra	tor's telephone number
		plan sponsor has changed since nber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	
<b>a</b> Spons	or's name				4c PN	
		at the beginning of the plan year.				4
		at the end of the plan year account balances as of the end of			5b	2
compl	lete this item)				5c	1
		ticipants at the beginning of the p			5d(1)	4
		ticipants at the end of the plan ye terminated employment during the			5d(2)	3
than	100% vested				5e	0
		or incomplete filing of this retur				
SB or Sche		ner penalties set forth in the instrund signed by an enrolled actuary, ollete.				
SIGN	Filed with authorized/v	valid electronic signature.	10/13/2016	ANGELINA AKYEAM	PONG	
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as pla	n administrator
SIGN						
HERE	Signature of employ		Date			ployer or plan sponsor
Preparer's	name (including firm na	ame, if applicable) and address (i	nclude room or suite numb	per)	Preparer's telep	none number

	Form 5500-SF 2015		Page <b>2</b>								
b	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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit not use Fo	ndent qualified public a tions.) orm 5500-SF and mus	ccount	ant (IQ ad use	PA)  <b>Form</b>	5500.			X Yes	
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ection 4	021)?		Yes	No	∐ N	lot dete	rmined
Par	t III   Financial Information	1	1			1					
	Plan Assets and Liabilities		(a) Beginning	•				(b) E	nd of		
	Total plan assets	. 7a		4	1881					3	535
	Total plan liabilities	7b			0 I881					2	535
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	7c	(5) A		1001			(1-	\ <b>T</b> -4		JJJ
	Contributions received or receivable from:		(a) Amou	ınt				(1)	) Tota	aı	
	(1) Employers	8a(1)			0						
	2) Participants	8a(2)		4	1968						
	3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b			-101						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								4	867
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		6	6133						
е	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f			80						
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									213
	Net income (loss) (subtract line 8h from line 8c)	. 8i								-1:	346
	Transfers to (from) the plan (see instructions)	8j									
Par				01		<i>.</i> : 0					
9a	If the plan provides pension benefits, enter the applicable pension 2G 2M 3D	teature co	odes from the List of Pi	an Cha	racteri	stic Cc	ides in 1	the insi	ructio	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instr	uction	ns:	
Part					T.,						
10	During the plan year:  Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period		Yes	No	N/A		A	mount	
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					X					
	reported on line 10a.)			10b							
c	Was the plan covered by a fidelity bond?			10c		X					
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.)	her person ne or all of	s by an insurance the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla					X					
-				10f							
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	-		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							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance			•	•	•		•			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	s X No
11a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	,	Yes	s X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	_ `	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 inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	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			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
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)?		Design- based safe ADP/ACP harbor test method			
15c	testing	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 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	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 fav	vorable	
18		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 Bunefits Security Administration Perision Benefit Guaranty Corporation

Annual Report Identification Information

Part

## 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 section 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: 1216-0110 1210-0089

2015

This Form is Open to Public Inspection

Fo	r calendar plan year 2015 or f	iscal plan year beginning	01/01/2015	and ending	12/31/203	15
	This return/report is for: This return/report is:	a single-employer plan  a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/repo	plan (not multiemployer) pemployer information in rt lurn/report (less than 12)	accordance with the	
С	Check box if filing under:	Form 5558	automatic extension		DFVC ρ	rogram
P	art II Basic Plan Info	ormation enter all requested inform	mation			
	Name of plan	OPEDICS & COMPLEX SPINE, IN		⁄N ~·	1b Three-digit plan numb (PN) ►	
					1c Effective d	'
-					01/01/2	013
2a	Mailing Address (include roc City or town, state or province	oyer, if for a single-employer plan) om, apt., suite no. and street or P.O. Bo: ce, country, and ZIP or foreign postal co	de (if foreign, see in:	structions)	1	dentification Number -4047356
	FOUNDATION OF ORTHO	OPEDICS & COMPLEX SPINE, IN	1C.		· ·	telephone number
	226 EAST 54TH STREE	T, SUITE 306			2d Business of 621111	ode (see instructions)
_	US NEW YORK NY 10022			<b>4</b>		
3a	Plan administrator's name ar	nd address 🗵 Same as Plan Sponsor	Name		3b Administrat	
					3c Administrat	or's telephone number
4		plan sponsor has changed since the lander from the last return/report.	st return/report filed	for this plan, enter the	4b EIN	
_a	Sponsor's name				4c PN	
5a	Total number of participants	at the beginning of the plan year	••••••	***********************	5a	4
b	Total number of participants :	at the end of the plan year			5b	2
	complete this item)	ccount balances as of the end of the plant	************************		5c	1
d(1	) Total number of active parti	icipants at the beginning of the plan yea	ır		5d(1)	4
d(2	) Total number of active parti	cipants at the end of the plan year	***************************************		5d(2)	3
		erminated employment during the plan y			5e	0
Cau	tion: A penalty for the late o	or incomplete filing of this return/repo	ort will be assessed	unless reasonable car	use is established	d.
Und SB o belie	er penalties of perjury and oth or Schedule MB completed an of, it is true, correct, and comp	ner penalties set forth in the instructions ad signed by an enrolled actuary, as wel	, I declare that I have	e examined this return/re	port, including, if a	pplicable, a Schedule
SIG	in i					
HE		nistrator	Date	Enter name of individua	l signing as plan a	dministrator
SIG			10 13 2016	ANGELINH	AKYEHUL	
	Signature of employer/		Date	Enter name of individua		
		nme, if applicable) and address; include			Preparer's telepho	
		application and bouless, molde	Toom or saite numb		r reparer a rerebito	are indition
		8		w		
				ŀ		
						1

-	Form 5500-SF 2015		Page 2						
6a b	and teport of a	n independ	dent qualified public acc	ounta	nt (IQ	PA)			XYes No
C	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 cannot the plan is a defined borofit plan is it assessed and a dealer.	ot use For	m 5500-SF and must in	nstea	d use	Form	5500		
-	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA sec	tion 4	021)?	******	.[_] Yes	No	Not determined
Ļ	art III Financial Information		VIII—II — II — VIII— VIII— III						
a	Plan Assets and Liabilities		(a) Beginning					(b) End	
b	Total plan assets	7a	C1957119400119401100000000000000000000000000	4,	881				3,535
C	Net plan assets (subtract line 7b from line 7a)	7b		4	0				
8	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amoun		381	+		(b) T	3,535
a	Contributions received or receivable from:		(a) Amoun			-		(10)	otar
-	(1) Employers	8a(1)			0	1			
	(2) Participants	8a(2)		4,5	968				
b	(3) Others (including rollovers)	8a(3)	-	/3.6					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		(10	11)				
d	Benefits paid (including direct rollovers and insurance premiums	- 00							4,867
	to provide benefits)	8d		6,1	.33				
e	Certain deemed and/or corrective distributions (see instructions)	8e							
<u></u>	Administrative service providers (salaries, fees, commissions)	8f			80				
_9_	Other expenses	8g		11000		-			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-			6,213
÷	Net income (loss) (subtract line 8h from line 8c)	81							(1,346)
Pa	Transfers to (from) the plan (see instructions)	8j							
	If the plan provides welfare benefits, enter the applicable welfare feat  t V Compliance Questions		Jenny Co. Tron Co.						
10	During the plan year:				Yes	No	N/A	Д	Amount
а	Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volume 1997).								
b	Program)			10a		Х	<u> </u>		
	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		х			
C	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fit by fraud or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of the	e benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the plan?			10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end	J.)	10g		x			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instruct	ions and 29 CFR	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 2520.101-3	required n	otice or one of the	101					
j	Did the plan trust incur unrelated business taxable income?			10j					
art	VI Pension Funding Compliance			4-1					
11	Is this a defined benefit plan subject to minimum funding requiremer 5500) and line 11a below)	nts? (If "Ye	s," see instructions and	com	olete S	Sched	ule SB (I	Form	Yes X No
11a	Enter the unpaid minimum required contribution for current year from	n Schedule	SB (Form 5500) line 4	0			11a		
12	Is this a defined contribution plan subject to the minimum funding red	quirements	of section 412 of the C	ode c	rsect	ion 30		ISA?	Yes X No
				-					

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable )					
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver.  Month					
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13,	Day	Year			
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 year					
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	120				
negative amount)					
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	Д	es 🗌 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?	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, transferred to another plan, or brought under to of the PBGC?	he control	Yes X No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to	·			
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)			
Part VIII Trust Information					
4a Name of trust	14b Trust	's EIN			
14c Name of trustee or custodian	1Ad Taunt	4Ad Tarabasas C			
		14d Trustee or custodian's telephone number			
Part IX IRS Compliance Questions					
the state of the s					
15a Is the plan a 401(k) plan:	Yes	[ No			
15b If "Vas " how does the 401/b) plan cation the non-discrimination and for the second secon	Design				
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	based				
	method	d			
5c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year	Yes	No			
testing method" for nonhighly compensated employees (Treas, Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(m)-					
2(a)(2)(ii))?					
6a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b).	Ratio Percen	tage Average			
6b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining	Test	Benefit Test			
this plan with any other plans under the permissive aggregation rules?	Yes Yes	☐ No			
7a Has the Plan been timely amended for all required law changes?	Yes	[] No [] N/A			
7b Date of the last plan amendment/restatement for the required tax law changes was adopted 1/1 Enter	the amplicable	code(See			
instructions for tax law changes and codes)					
7c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is subject advisory letter, enter the date of that favorable letter / / and the letter's serial number					
7d If the plan is an Individually-designed plan and recieved a favorable determination letter from IRS, please enter the determination letter.	date of plan's la	st favorable			
8 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes	[ ] No			
9 Were in-service distributions made during the plan year?					
SCHELDSCHUM NOMEN DER SEMENTEN DE		∐ No			
	19				
Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired) as required under section 401(a)(9)?	Yes	□ No □ N/A			
NATE OF THE PROPERTY OF THE PR	•				