Fo	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					OMB Nos. 1210-0110 1210-0089				
	artment of the Treasury rnal Revenue Service	This form is required to be file	d under sections 104 and	d 4065 of the Employee Re		2016				
Employee E	Pepartment of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		nternal	This Form is Open to Public Inspection				
	enefit Guaranty Corporation	Complete all entries in a		structions to the Form 55	00-SF.	•				
Part I	Annual Report Id lar plan year 2016 or fisc	dentification Information al plan year beginning 01/01/2		and ending 12	/31/2016					
	ar plan year 2010 of his	X a single-employer plan		plan (not multiemployer) (F		ing this box must attach a				
A This re	turn/report is for:	a one-participant plan		employer information in acc						
B This ret	urn/report is	the first return/report	the final return/repor	t						
_	[an amended return/report	a short plan year ret	urn/report (less than 12 mo	nths)					
C Check	box if filing under:	Form 5558	automatic extension	ו [DFVC pr	ogram				
		special extension (enter descr	ription)							
Part II	Basic Plan Infor	mation—enter all requested inf	formation			1				
1a Name DIABETES		SSOCIATES, INC. 401(K) PLAN		-	(PN)	number				
						04/01/2001				
 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 				structions)	2b Employer Identification Number (EIN) 05-0358648					
DIABETES AND ENDOCRINOLOGY ASSOCIATES, INC.				30000003)	2c Sponsor's telephone number 401-351-7100					
	ND AVENUE, SUITE 20 CE, RI 02906	3			2d Busin	ess code (see instructions) 621111				
		address Same as Plan Spor		000	3b Admir	nistrator's EIN 05-0358648				
5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			NCE, RI 02906		3c Admir	histrator's telephone number 401-351-7100				
		blan sponsor has changed since ber from the last return/report.	the last return/report filed	d for this plan, enter the	4b EIN					
a Spons	sor's name				4c PN					
5a Total	number of participants a	t the beginning of the plan year			5a	22				
b Total	number of participants a	t the end of the plan year			5b	26				
		ccount balances as of the end of			5c	26				
d(1) Tot	tal number of active parti	cipants at the beginning of the pl	an year	·····	5d(1)	19				
d(2) To	tal number of active parti	cipants at the end of the plan yea	ar		5d(2)	16				
		rminated employment during the			5e	(
Caution: A Under pen SB or Sch	A penalty for the late or alties of perjury and othe	r incomplete filing of this return er penalties set forth in the instruct I signed by an enrolled actuary, a	n/report will be assesse ctions, I declare that I hav	ed unless reasonable cau ve examined this return/rep	ort, includir	ng, if applicable, a Schedule				
SIGN		alid electronic signature.	03/30/2017	ROBERT DOBRZYNSK	(I					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing a	as plan administrator				
SIGN										
HERE	Signature of employ		Date			as employer or plan sponsor				
Preparer's	name (including firm na	me, if applicable) and address (ir	nclude room or suite num	ber) -	Preparer's	telephone number				

 6a 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) inder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? if you answered "No" is it covered under the PBGC insurance program (see ERISA section 4021)? 							
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year			
а	Total plan assets	7a	1430209	1649276			
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	1430209	1649276			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	53186				
	(2) Participants	8a(2)	110347				

(2) Participants	8a(2)	110347	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	101953	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		265486
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	39701	
e Certain deemed and/or corrective distributions (see instructions).	8e	3368	
f Administrative service providers (salaries, fees, commissions)	8f	3350	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		46419
i Net income (loss) (subtract line 8h from line 8c)	8i		219067
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			60000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	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.)	10e	x			4380
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.)	10g	Х			556
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)					י 🗌 א	′es	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					. П Y	′es 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the lette	r ruling	
	gran	ting the waiver	onth _		_ Day		_ Year _		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive 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?				Yes	s XN	0	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes 🗙	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)		
	. ,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Trust's E	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desigi safe h	n-basec arbor	[Prior ye test	ar" ADP	
				"Curre ADP t	nt year' est	,	N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	ntage		verage enefit test	N/	A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			ł
17b	10 11 -	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [No		

Benefit Pian Second State	Mar. 30. 2017- 4:27 Form 5500-SF		al Return/Report of Small Emp	No. 51 lovee 1	44Р. 5 UMB NOS. 1210-0110 1210-0089
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c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 2d d(1) Total number of active participants at the beginning of the plan year 5d(1) 12 d(2) Total number of active participants at the end of the plan year 5d(2) 1 d(2) Total number of active participants at the end of the plan year 5d(2) 1 d(2) Total number of active participants at the end of the plan year 5d(2) 1 e Number of participants that termInated employment during the plan year with accrued benefits that were less to far the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penaltice of periury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule BB or Schedule MB complete 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, complete Signature explanationinterator Date Enter name of individual signing as plan administrator Signature of amployer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or sulte number) Preparer's telephone number				1	26
d(1) Total number of active participants at the beginning of the plan year 5d(1) 19 d(2) Total number of active participants at the end of the plan year 5d(2) 10 e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 5e Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 5e 6 Under penalties of periury 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 complete 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, its true, express, and the best of my knowledge and belief, its true, express, and the penalty for the late or incomplete. 3-30 - 201 ROBERT DOBRZYNSKI SIGN MAM MAM 3-30 - 201 ROBERT DOBRZYNSKI HERE Signature of employer/plan sponsor Date Enter name of individual signing as plan administrator *SIGN 3-30 - 201 Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or sulte number) Preparer's telephone number	c Number of participants with	account balances as of the end of	the plan year (only defined contribution plans	50	26
d(2) Total number of active participants at the end of the plan year 5d(2) 1 e Number of participants that terminated employment during the plan year with accrued benefits that were less 5e 5e Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 5e 6 Under penalties of perfury 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 complete dand 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, complet, and complete. StGN 3-30 -201 ROBERT DOBRZYNSKI HERE Signature of plan administrator 3-30 -201 StGN 3-30 -201 ROBERT DOBRZYNSKI HERE Signature of amployer/plan sponsor Date Enter name of individual signing as plan administrator 3-30 -201 Preparer's name (including firm name, If applicable) and address (include room or suite number) Preparer's telephone number	, .			1	19
than 100% vested 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, ormect, and complete SIGN 3-30 r 201 ROBERT DOBRZYNSKI HERE Signature of penjory administrator Date Enter name of individual signing as plan administrator SIGN 3-30 r 201 HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or sulte number) Preparer's telephone number	d(2) Total number of active pa	inticipants at the end of the plan ye	ar	1	<u>l.</u>
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 3-30-301 HERE Signature of plan, administrator SIGN 3-30-301 HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or sulte number) Preparer's telephone number	than 100% vested				c
SIGN July July July July ROBERT DOBRZYNSKI HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN July J-30-J017 Signature of employer/plan sponsor July July HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or sulte number) Preparer's telephone number	Under penalties of perjury and of SB or Schedule MB completed a	her penalties set forth in the instru nd signed by an enrolled actuary,	clions. I declare that I have examined this return/	report, includi	ng, if applicable, a Schedule
Signature of pharmadministrator Date Enter name of individual signing as pharmadministrator Signature of employer/plan sponsor 3-30-2017 HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or sulte number) Preparer's telephone number	SIGN Call of	Etihnskotta	3-30 -201 ROBERT DOBRZ	YNSKI	······································
Sign Signature of employer/plan sponsor 3-30-30/7 HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or sulte number) Preparer's telephone number	HERE Signature of plan	administrator		idual signing	as plan administrator
Preparer's name (including firm name, if applicable) and address (include room or sulte number) Preparer's telephone number	SIGN CILIA	- ANALI/ 2	3-30-2017		
	1 Signature of emplo	oyer/plan sponsor neme, if applicable) and address (i			
		······································	•		-
					Form 5500-SF (2016)

101,953

39,701

3,368

3,350

265,486

46,419

219,067

6a 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 independ and condition ot use Form	dent qualified public accountant (I ons.) m 5500-SF and must instead us	QPA) X Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	isurance pro	ogram (see ERISA section 4021)?	? Yes No Not determined
	rt III Financial Information	11.000	· · · · · · · · · · · · · · · · · · ·	
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1,430,209	1,649,276
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	1,430,209	1,649,276
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	53,186	
	(2) Participants	8a(2)	110,347	
	(3) Others (including rollovers)	8a(3)		

8b

8c

8d

8e

8f

8g

8h

8i

8j

Part IV | Plan Characteristics

to provide benefits).

d

j

b Other income (loss)

c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)

e Certain deemed and/or corrective distributions (see instructions).

f Administrative service providers (salaries, fees, commissions)

h Total expenses (add lines 8d, 8e, 8f, and 8g)

i Net income (loss) (subtract line 8h from line 8c)

Transfers to (from) the plan (see instructions).....

g Other expenses

Benefits paid (including direct rollovers and insurance premiums

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:				N/A	Amount		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x				
C	Was the plan covered by a fidelity bond?	10c	х			60,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х				
е	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.).	10e	x			4,380		
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.)	10g	x			556		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						

Form 5500-SF 2016

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Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)			3		Yes	No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		*****				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co ERISA?				Ιп	Yes	X No
	(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 ins granting the waiver.	•	l enter t Day		of the lett Year		ng
lf	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				
	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 l negative amount)		12d		(ANA)	-	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	∐ N	I/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 broug control of the PBGC?			[] Yes	X No	I
с 	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	ify the plan(s)	to				
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN	(s)
Dod	VIII Trust Information						
1		·····	446 -				
148	Name of trust		140	rust's E	IN		
14c	Name of trustee or custodian				or custo e numbe		
Par	t IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan? If "No," skip b	Yes		[No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	Desig safe h	n-basec		Prior y	year" /	\DP
	401(k)(3) for the plan year? Check all that apply:		ent year	′ [N/A		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio	entage		erage nefit test		N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes		[] No		
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number	-					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, endetter	nter the date	of the m	iost rece	nt detern	ninatio	n
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sepa service?		Ye	s [No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Ye:	s [No		