## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I	<b>Annual Report</b>	Identification Information							
For calenda	ar plan year 2016 or fi	iscal plan year beginning 07/01/2	2016	and ending 0	6/30/2017				
A This ret	urn/report is for:	a single-employer plan			yer) (Filers checking this box must attach a in accordance with the form instructions.)				
71	а	a one-participant plan	a foreign plan			,			
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)				
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program	1			
D 4 !!	D : D:	special extension (enter desc	• /						
Part II		ormation—enter all requested in	formation		46				
1a Name ORTHOPED	of plan IC APPLIANCE & BR	ACE CENTER, INC. PROFIT SHA	RING PLAN		1b Three-digit plan number (PN) ▶	er 001			
					1c Effective da	L ute of plan 07/01/1994			
	, ,	byer, if for a single-employer plan)	). Box)		<b>2b</b> Employer Id	lentification Number			
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) ORTHOPEDIC APPLIANCE & BRACE CENTER					2c Sponsor's t	elephone number			
280 BROADWAY						ode (see instructions)			
PROVIDENC	E, RI 02903			300110					
0		🗔			01				
3a Plan a	dministrator's name a	nd address X Same as Plan Spo	nsor.		<b>3b</b> Administrate	or's EIN			
					3c Administrate	or's telephone number			
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
<b>a</b> Sponso	•	imber from the last return/report.			4c PN				
-		s at the beginning of the plan year.			5a				
_		s at the end of the plan year			F				
C Numb	er of participants with	account balances as of the end of	the plan year (only defined		5c	(			
		articipants at the beginning of the p			5d(1)	-			
		articipants at the end of the plan ye	-		5d(2)	-			
<b>e</b> Numb	er of participants that	t terminated employment during the	e plan year with accrued be	enefits that were less	5e	(			
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	l unless reasonable ca					
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a aplete.							
SIGN		/valid electronic signature.	12/20/2017	MARIA LONARDO					
HERE Signature of plan administrator		Date	Enter name of individ	lual eigning ae nlar	administrator				
SIGN	orginature or plants	daministrator	Date	Litter hame of individ	idai sigilii ig as piai	i administrator			
HERE	<u> </u>	,,		F					
Prenarer's	Signature of emplo	oyer/pian sponsor name, if applicable) and address (ii	Date		Preparer's teleph	oloyer or plan sponsor			
1 Toparor 3	name (moldaling illili)	manto, ii applicabio, and addiess (ii	notage room of suite numb	J. ,	1 10001013 101601	iono numbol			
					1				
1									

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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 an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									s No		
	If you answered "No" to either line 6a or line 6b, the plan cann		,						<u> </u>	is   INO		
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	No	Not de	termined		
Pa	rt III Financial Information				-			<u> </u>				
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year			
а	Total plan assets	7a		175203					122205	59		
b	Total plan liabilities	7b										
С	Net plan assets (subtract line 7b from line 7a)	7c	2	175203	1				122205	59		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total						
а	Contributions received or receivable from:	0 (4)		4774								
	(1) Employers	8a(1)		4995								
-	(2) Participants	8a(2)		4000								
	(3) Others (including rollovers)	8a(3) 8b		185558								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							19532	27		
	Benefits paid (including direct rollovers and insurance premiums	00										
	to provide benefits)	8d	1	148421	_							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e										
f	Administrative service providers (salaries, fees, commissions)	8f		50								
<u>g</u>	Other expenses	8g							44404			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							114847			
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						-953144				
	Transfers to (from) the plan (see instructions)	8j										
	t IV Plan Characteristics		<del> </del>									
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2K $$ 3D	teature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	des in t	he instr	uctions:			
Par	t V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amoun			
	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period		103	110	14/7		Allioun			
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40		Χ						
b	Program)			10a								
	reported on line 10a.)	•		10b		X						
С	Was the plan covered by a fidelity bond?			10c	X					220000		
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.)	ne or all of	the benefits under	10e	X					6282		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	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								

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	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			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(	<b>2)</b> EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

## 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

2016

This Form is Open to Public Inspection

	Identification Information			p p l p p l m	N AT 179					
For calendar plan year 2016 or fi	scal plan year beginning	07/01/2016	and ending	06/30/20						
A This return/report is for:	X a single-employer plan	a multiple-employer plan list of participating empl	(not multiemployer) (loyer information in ac	Filers checking thi cordance with the	s box must attach a form instructions.)					
, more to the major to the majo	a one-participant plan	a foreign plan								
<b>B</b> This return/report is	the first return/report	the final return/report								
	an amended return/report	a short plan year return/	report (less than 12 m	onths)						
C Check box if filing under:	X Form 5558	automatic extension		DFVC program	ו					
parameter commence and the second contract of	special extension (enter desc									
Part II Basic Plan Info	ormation—enter all requested in	nformation		Ab The diele						
1a Name of plan			m. 9	1b Three-digit						
Orthopedic Appliance	& Brace Center, Inc	Plan	(PN) Þ							
				<b>1c</b> Effective d 07/01/1	*					
2a Plan sponsor's name (empl	oyer, if for a single-employer plan)	The second secon	440000000000000000000000000000000000000	1 ' '	dentification Number					
Mailing address (include roo	om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos	.O. Box) stal code (if foreign, see instru	ctions)		0374030					
Orthopedic Applianc			,	2C Sponsor's 401-331	telephone number -5548					
					ode (see instructions)					
280 Broadway				339110						
Providence	RI 02903	TO THE WAY TO THE REST OF THE								
3a Plan administrator's name a	and address 🛛 Same as Plan Sp	onsor.		3b Administra	tor's EIN					
4 If the name and/or EIN of the	ne plan sponsor has changed sinc	e the last return/report filed fo	r this plan, enter the	4b EIN						
	umber from the last return/report.			4c PN						
a Sponsor's name	and the fear minutes of the plant upon			get _						
	s at the beginning of the plan year			E ka	BUILDER CONTROL CONTRO					
	is at the end of the plan year n account balances as of the end of			5c	AAA MAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA					
	articipants at the beginning of the	· -		F-1/0\						
	participants at the end of the plan y			i i						
than 100% vested	at terminated employment during t			5e						
Caution: A penalty for the late	e or incomplete filing of this retu	urn/report will be assessed u	unless reasonable ca	use is establish	ed.					
Under penalties of perjury and SB or Schedule MB completed belief, it is true, corredt, and co	other penalties set forth in the instr and signed by an enrolled actuary molete.	ructions, I declare that I have on the result is the electronic version.	examined this return/reposition of this return/reposition	eport, including, if ort, and to the besi	of my knowledge and					
SIGN WWw.		12-20-17	Maria Lonardo							
HERE Signature of plan	administrator	Date	Enter name of indivi		an administrator					
sign Wave	lonardo	12-20-17	Maria Lonardo							
	loyer/plan sponsor	Date			nployer or plan sponsor					
Preparer's name (including firm	name, if applicable) and address	(include room or suite numbe	1 )	riepalei s tele	phone number					

*****************	Form 5500-SF 2016	a. M. B. Malaninan deriver ya na Malaninan ana apper 18 a iliya ya ya ya ya ya	Page 2	***************************************						
	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>									No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in								Not deterr	mined
Pa	rt III Financial Information	***************************************	HARLING COMMITTER BOTH AND			NOTICE DISCONDING TO	***************************************	****		***************************************
7	Plan Assets and Liabilities		(a) Beginning	of Year		**************	***************************************	(b) End o	f Year	
a	Total plan assets	7a	2,	175,	203				1,222	2,059
b	Total plan liabilities	7b		***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NO. OF THE PERSON OF THE PERSO	***************************************	***************************************	***************************************
С	Net plan assets (subtract line 7b from line 7a)	7c	2,	175,	203				1,222	2,059
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) To	tal	
a	Contributions received or receivable from: (1) Employers	8a(1)		4,774						
	(2) Participants	8a(2)	4,995							
	(3) Others (including rollovers)	8a(3)		MINISTER STATE		400000000000000000000000000000000000000	***********		<u> </u>	
<u>b</u>	Other income (loss)	8b	185,55			3				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	*******************************				195,3			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,148,421		421					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) 8e						***************************************			
f	Administrative service providers (salaries, fees, commissions)	8f	5 (		50					
<u>g</u>	Other expenses 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	***************************************	-		1,148,				8,471
i	Net income (loss) (subtract line 8h from line 8c)	8í		1.0		-953,14				3,144
<u> </u>	Transfers to (from) the plan (see instructions)	8j		W						* 
-	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes ir	the instru	ictions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	acteris	tic Co	des in	the instruc	ctions:	HARRISH TO SOUTH
Pai	rt V Compliance Questions		*** - *** *** *** *** *** *** *** *** *	***************************************	estaministic estate	***************************************	SANAH ANAHAMIN ANAHAMIN MANAHAMIN MA	***************************************	***************************************	-
10	During the plan year:	***************************************	***************************************	FATEWOOD AND RESCON	Yes	No	N/A		Amount	***************************************
8	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	/oluntary F	iduciary Correction	10a		Х			***************************************	-
ŀ	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not i	nclude transactions	10b		Х			and the state of t	***************************************
C		***************************	***************************************	10c	Х		- tipe manual in		22	0,000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		Х			***************************************	
E	<ul> <li>Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)</li> </ul>	her persons	s by an insurance the benefits under	10e	Х	***************************************			100 PA 4 100 100 100 100 100 100 100 100 100 1	6,282
f				10f	-	Х	100		<del></del>	<del>madalantana antan</del>
ç	Did the plan have any participant loans? (If "Yes," enter amount a	is of year-e	end.)	10a		Х	1			PROFESSIONAL PROFE
r	If this is an individual account plan, was there a blackout period?				<del> </del>	<del></del>	·			

10h

2520.101-3.) .....

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.....

I married to the same of the s						
Part					7	P==1
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and conform 5500) and line 11a below)				. Y	es   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?			***********	_ Y	es 🛛 No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver.		and enter t Day		of the letter Year	ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	***************************************	***************************************		***************************************	99913110132441851 <b>4</b> 17741516
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lengative amount)		12d		-2008	
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No L	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 broug control of the PBGC?		he		Yes 🛚	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiful which assets or liabilities were transferred. (See instructions.)	y the plar	n(s) to	andrew birk haberingen story p		
	3c(1) Name of plan(s):	130	(2) EIN(s)		13c(3)	PN(s)
Law						
t	VIII Trust Information					
14a	Name of trust		14b	rust's E	IN	
14c	Name of trustee or custodian		1		s or custodia ne number	an's
Par	IRS Compliance Questions				***************************************	
15a	Is the plan a 401(k) plan? If "No," skip b	. Ye	es		No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	∐ sat	sign-based fe harbor	L.,	Prior ye test	ar" ADP
Park of Water Administration			urrent year P test		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:	lJ	atio rcentage st		verage enefit 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?	Ye	es	[	No	NA A A A A ROSCO A A A A A A A A A A A A A A A A A A A
****	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enletter	ter the da	ite of the m	iost rece	ent determir	ation
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?	rated fror	n 🛮 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	

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