## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

Part I

**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.

Short Form Annual Return/Report of Small Employee

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

For calendar plan year 2016 or f	iscal plan year beginning 01/01/	2016	and ending 12	2/31/2016	
	X a single-employer plan	a multiple-employer p	olan (not multiemployer) (	Filers checking thi	s box must attach a
<b>A</b> This return/report is for:		_ ' '	mployer information in ac	ccordance with the	form instructions.)
	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 retu	rn/report (less than 12 m	ionths)	
C Check box if filing under:	X Form 5558	automatic extension		DFVC program	١
	special extension (enter desc	cription)			
	ormation—enter all requested in	nformation		T -	
<b>1a</b> Name of plan TAVARES PEDIATRIC CENTER,	INC. 401(K) RETIREMENT PLAN	ı		<b>1b</b> Three-digit plan number	
				(PN) •	001
				1c Effective da	of plan 09/01/1994
	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		' '	dentification Number 04-2716185
City or town, state or proving TAVARES PEDIATRIC CENTER,	ce, country, and ZIP or foreign pos	stal code (if foreign, see ins	tructions)	,	elephone number
TAVARES PEDIATRIC CENTER,	INC.				-272-7127
404 DLAIN CTREET				2d Business co	ode (see instructions)
101 PLAIN STREET PROVIDENCE, RI 02903				(	623000
3a Plan administrator's name a	and address 🛛 Same as Plan Spo	onsor.		<b>3b</b> Administrate	or's EIN
				30 Administrat	
				3C Administrati	or's telephone number
4 If the name and/or EIN of the	ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	<b>4b</b> EIN	
	umber from the last return/report.	o ano laor lotally lopolt mod	ror and plan, onto and	TO EIII	
<b>a</b> Sponsor's name				4c PN	
5a Total number of participants	s at the beginning of the plan year			5a	80
<b>b</b> Total number of participants	s at the end of the plan year			5b	74
•	account balances as of the end of	. , , ,	•	5c	74
d(1) Total number of active pa	articipants at the beginning of the p	olan year		5d(1)	59
<b>d(2)</b> Total number of active p	articipants at the end of the plan ye	ear		5d(2)	58
e Number of participants that	t terminated employment during th	e plan year with accrued b	enefits that were less	5e	2
	or incomplete filing of this retu			use is establishe	d.
SB or Schedule MB completed a	ther penalties set forth in the instru and signed by an enrolled actuary,				
sign Filed with authorized	hpiete. d/valid electronic signature.	08/28/2017	VIVIAN TAVARES		
HERE Signature of plan	administrator	Date	Enter name of individ	lual signing as plar	n administrator
SIGN				<u> </u>	
HERE	oyer/plan sponsor	Date	Enter name of individ	lual signing as emr	oloyer or plan sponsor
	name, if applicable) and address (i			Preparer's teleph	· · · · · · · · · · · · · · · · · · ·
•					

Form 5500-SF 2016 Page **2** 

	Were all of the plan's assets during the plan year invested in eligib		`						X Ye	s No	
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)						X Ye	s 📗 No	
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	□ Not det	ermined	
	rt III Financial Information	isurarice p	riogram (See ENIOA Se	JOHOTT 4	021):		103	Пио		CITIIIICG	
7	Plan Assets and Liabilities		(a) Beginning	of Voor				(h) End	of Voor		
_ <del>'</del> _a	Total plan assets	7a	(a) Beginning	105853				(b) End	356225	6	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	3	105853					356225	6	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal		
a	Contributions received or receivable from:		(a) runour					(2) .	<u> </u>		
	(1) Employers	8a(1)		57235							
	(2) Participants	8a(2)		219024	_						
	(3) Others (including rollovers)	8a(3)		23499							
<u>b</u>	Other income (loss)	8b		254451							
C	C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								55420	9	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		75789							
e	ertain deemed and/or corrective distributions (see instructions).										
f	Administrative service providers (salaries, fees, commissions) 8f 22017										
g	Other expenses	8g									
h	h Total expenses (add lines 8d, 8e, 8f, and 8g)								9780	6	
i	Net income (loss) (subtract line 8h from line 8c)					456403					
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics	, ,	I								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:		
Par	t 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 F	iduciary Correction	10a		X					
b	9 ,	t? (Do not	include transactions	10b		X					
c	Was the plan covered by a fidelity bond?			10c	X					400000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	· ·	10d		X					
е		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	ın?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	X					51887	
h	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							

Form	5500	-SF	201	6

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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 c n 5500) and line 11a below)					[] `	∕es X No
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					<b>│</b>	res X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		ne 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 X N	lo
	If "Y€	s," 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 brougol of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [	Prior ye test	ear" ADP
				"Curre	ent year test	<u>"</u>	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	entage		verage enefit test	□ N/A
	for the	e 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							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
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 e?		rom	Ye	s [	No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No	

## 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

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 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

EGSWEL Annual Bassa	Complete all entries in acc	cordance with the instruc	tions to the Form 550	00-SF.	
Part   Annual Repor	t Identification Information	01/01/2016	and ending	12/31/201	6
or calendar plan year 2010 or	x a single-employer plan	a multiple-employer p			
A This return/report is for:		a list of participating e			
<b>5</b>	a one-participant plan	a foreign plan			
B This return/report is:	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 r	months)	
C Check box if filing under:	x Form 5558	automatic extension		DFVC pr	ogram
	special extension (enter descri	ption)			
Part II Basic Plan Inf	ormation enter all requested in	nformation		****	
1a Name of plan				1b Three-digit plan number	
Tavares Pediatric	Center, Inc. 401(k) Reti	irement Plan		(PN) ►	001
				1c Effective da 09/01/15	
2a Plan sponsor's name (emp	loyer, if for a single-employer plan)	) David		2b Employer k	lentification Number
City or town, state or provi	oom, apt., sulte no. and street, or P.C nce, country, and ZIP or foreign post	). BOX) al code (if foreign, see insti	ructions)	(EIN) 04	
Tavares Pediatric	Center, Inc.			2c Sponsor's t (401) 2:	elephone number 12-7127
101 Plain Street				2d Business of 623000	ode (see instructions)
				023000	
38 Plan administrator's name	and address X Same as Plan Spo	nsor		3b Administrat	nre FIN
ou i lan administrator s name	and doubton less came as i lan opo	nigo:		7 (4)	51 5 ER4
				3c Administrat	or's telephone number
					or o totophionic transpor
	he plan sponsor has changed since tumber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN	
Sponsor's name	miles from the last retains open.			4c PN	
5a Total number of participant	s at the beginning of the plan year			5a	80
_	s at the end of the plan year			5b	74
	n account balances as of the end of the			5c	74
	articipants at the beginning of the pla			5d(1)	59
	articipants at the end of the plan year		********************************	5d(2)	58
	t terminated employment during the p	olan year with accrued ben	efils that were	5e	
	***************************************				2
	e or incomplete filing of this return				A
	other penalties set forth in the instruction and signed by an enrolled actuary, a molete.				
SIGN TLIKAN	M Towares, Trust	8/28/17	Vivian Tavares	W 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
HERE Signature of plan ad		Date	Enter name of individu	al signing as plan a	dministrator
	M Lawares, Trustee	2/28/17	Vivian Tavares		
HERE Signature of employ	er/plan sponsor	Date	Enter name of individu	ial signing as emplo	yer or plan sponsor
	name, if applicable) and address (in	clude room or suite numbe	er)	Preparer's teleph Skip this que	
				o.up ano qu	
					on the state of th

-	Form 5500-SF 2016		Page 2		_				
6a	Were all of the plan's assets during the plan year invested in eligible	assets?	(See instructions.)						XYes No
þ	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 canno								XYes ☐No
С	If the plan is a defined benefit plan, is it covered under the PBGC in							. LNo	. ☐ Not dotomine
Dec	THE COURT OF THE C	surance p	Togram (see Elvion section	711 702	-17:	*******		140	140f defettille
	art III Financial Information	(4.7% S)	(a) Regioning o	£ Vaa	_	Т		(b) End	of Voca
7	Plan Assets and Liabilities		(a) Beginning o			-		(D) Ellu	
a b	Total plan assets	7a 7b	3,10	05,8	53	+			3,562,256
c	Total plan liabilities	7c	3 10	05 8	53	-			3,562,256
8	Income, Expenses, and Transfers for this Plan Year	<b>在</b> 東京教育		3,105,853 (a) Amount				(b) 1	
a	Contributions received or receivable from:	19.00-1-2.00				19,00	<b>建</b>		<b>子的特别性对于,这种的</b> 对于
_	(1) Employers	8a(1)		57,2	_				
	(2) Participants	8a(2)		19,0			Sec 76	0000	
_	(3) Others (including rollovers)	8a(3)	23,499			No.			
<u>b</u>	Other income (loss)	8b		254,451					A STATE OF THE STATE OF
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			课 经	ETHAL S		38 A) 55 A / SH	554,209
u	to provide benefits)	8d	7	75,7	89		56.		
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	2	22,017					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<b>计划并令的主义的方式</b>					97,806
1	Net income (loss) (subtract line 8h from line 8c)	81			ALC:	5			456,403
j Drivers	Transfers to (from) the plan (see instructions)	8]							以使用的数字
P	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Cl	harac	teristic	Cod	es in th	ne instruct	ions;
_	2E 2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Cha	aracte	eristiç	Code	s in the	instruction	ons:
HATE!	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)		and the second						
	rt V Compliance Questions	4		_			(#E #45)		
10	During the plan year:	en en en en en			Yes	No	N/A		Amount
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		·						
	Program)	•	13	10a		ж			
b							(a)		
_	reported on line 10a.)			10b		X			
c	Was the plan covered by a fidelity bond?			10c	х		造譜		400,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		x			211657
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some 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	?		10f		х	14.0		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g	х				51,087
_ h	If this is an individual account plan, was there a blackout period? (32520.101-3.)			10h		x			
1	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			101					

	Form 5500-SF 2016 Page <b>3</b> -	]						
Part V	Pension Funding Compliance							
	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and om 5500 and line 11a below)						Yes	x No
_11a E	nter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
E	this a defined contribution plan subject to the minimum funding requirements of section 412 of the RISA?  If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					. 🖂	Yes	X No
a If	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in							ruling
	anting the waiver			Da	<u> </u>	Ye	ar	
	nter the minimum required contribution for this plan year.		148	12b				
C E	nter the amount contributed by the employer to the plan for the plan year			12c				
d s	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	e left of a		12d				
e w	ill the minimum funding amount reported on line 12d be met by the funding deadline?		•••		Yes [	☐ No		N/A
Part V	Plan Terminations and Transfers of Assets		201	×				
13a H	as a resolution to terminate the plan been adopted in any plan year?				] Yes	х	No	
lf	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brountrol of the PBGC?					Yes	X N	lo
C If,	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider nich assets or liabilities were transferred. (See instructions.)							
	1) Name of plan(s):	13c(	2) E	IN(s)		13	c(3) PN	V(s)
and the second	NEW 2.5							
Part V								
14a Na	ame of trust			14b1	Trușt's I	EIN		
14c Na	nme of trustee or custodian			100		or custo ne numb		
Part IX	IRS Compliance Questions - Skip These Questions							
<b>15a</b> Is	the plan a 401(k) plan? If "No," skip b.		Y	es			No	
	w did the plan satisfy the nondiscrimination requirements for employee deferrals under section 1(k)(3) for the plan year? Check all that apply:			esign-ba afe harbo			"Prior test	year" ADI
				Current y DP test	ear"		N/A	
	nat testing method was used to satisfy the coverage requirements under section 410(b) for the plan ar? Check all that apply:		pe	atio ercentag st	е 🗆	Avera	ige fit test	□ N/
	the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) the plan year by combining this plan with any other plan under the permissive aggregation rules?		Y	es			No	
	he plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IR	RS apinior	lett	er or ad	visory l	etter, er	nter the	date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? ...

☐ No

Yes Yes

Yes No

18 Defined Benefit Plan or Money Purchase Pension Plan Only: