Form 5500-SF		Short Form Annu	rt of Small Employee	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	This form is required to be file	I 4065 of the Employee Retirement	2016				
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co	057(b) and 6058(a) of the Internal de).	This Form is Open to			
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the in	structions to the Form 5500-SF.	Public Inspection			
Part I		dentification Information						
For calend	ar plan year 2016 or fisc		8	and ending 12/31/2016				
A This ref	turn/report is for:	a single-employer plan		plan (not multiemployer) (Filers cheo employer information in accordance	•			
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/repo	rt :urn/report (less than 12 months)				
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension		program			
Part II	Basic Plan Infor	mation—enter all requested inf	. ,					
1a Name			ormation	(PN	number ) ▶ 001 ctive date of plan			
		er, if for a single-employer plan) , apt., suite no. and street, or P.C		2b Emp (EIN	01/01/1992 loyer Identification Number 0 05-0448816			
	town, state or province	, country, and ZIP or foreign post		structions)	nsor's telephone number 401-728-6654			
480 BROAD				<b>2d</b> Bus	ness code (see instructions) 621210			
PAWIUCKE	T, RI 02860-1340							
<b>3a</b> Plan a	dministrator's name and	l address 🛛 Same as Plan Spor	isor.		inistrator's EIN inistrator's telephone number			
4 If the r	name and/or FIN of the	plan sponsor has changed since	the last return/report file	d for this plan, enter the <b>4b</b> EIN				
name		ber from the last return/report.		40 PN				
5a Total	number of participants a	at the beginning of the plan year			10			
_		at the end of the plan year		<b>F</b> 1	10			
C Numb	er of participants with a	ccount balances as of the end of	the plan year (only defin	ed contribution plans 5c	10			
•	,	icipants at the beginning of the pla			8			
		icipants at the end of the plan yea		5.1(0)	3			
e Numb	per of participants that te	erminated employment during the	plan year with accrued	benefits that were less 50	C			
Caution: A	A penalty for the late of	r incomplete filing of this returr	n/report will be assesse	ed unless reasonable cause is esta	blished.			
SB or Sche		d signed by an enrolled actuary, a		ve examined this return/report, includ version of this return/report, and to th				
SIGN		alid electronic signature.	09/06/2017	MICHELE GENDRON SILER				
HERE	Signature of plan ad	ministrator	Date	Enter name of individual signing	as plan administrator			
SIGN								
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individual signing	as employer or plan sponsor			
Preparer's		me, if applicable) and address (in			s telephone number			
	ork Doduction Act Notice	see the Instructions for Form 5500	A SE		Form 5500-SF (2016)			

60	Ware all of the plan's papets during the plan year invested in cligib						Yes No
	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 a		· · ·				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)	·····	·····		
	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	nsurance p	orogram (see ERISA sectior	4021)?		Yes	No Not determined
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year
а	Total plan assets	7a	17589	-			1777454
b	Total plan liabilities	7b		0			0
C	Net plan assets (subtract line 7b from line 7a)	7c	17589	75			1777454
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	80(1)		0			
	(1) Employers	8a(1)	117	7			
	<ul> <li>(2) Participants</li></ul>	8a(2)		,,			
	(3) Others (including rollovers)	8a(3) 8b	1164	22			
-	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						128219
d	Benefits paid (including direct rollovers and insurance premiums	8c					120210
	to provide benefits)	8d	923	26			
e	Certain deemed and/or corrective distributions (see instructions).	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	174	14			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					109740
i	Net income (loss) (subtract line 8h from line 8c)	8i					18479
j	Transfers to (from) the plan (see instructions)	8j					
Ра	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2G$ $2J$ $2R$ $3D$	feature co	odes from the List of Plan C	naracter	stic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Plan Cha	aracteris	tic Coc	les in t	he instructions:
Par	t V Compliance Questions						
10	During the plan year:			Yes	No	N/A	Amount

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		X		
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			200000
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		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.)	10g	Х			30729
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 🗌 י	′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	<b>)</b> PN(s)	
	. ,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			<b>14b</b> ⊺	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		

Form 5500-SF Short Form Annual Return/Report of Small Em Benefit Plan						I	OMB Nos. 1210-0110 1210-0089		
	ment of the Treasury al Revenue Service	This form is required to be filed	under sections 104 and 4	065 of the Employee R	etirement	2016			
Employee Be	partment of Labor nefits Security Administration	Internal	This Form is Open to Public Inspection						
Pension Bei	Appulat Report to	Complete all entries in a dentification Information	ccordance with the instru	uctions to the Form 5	500-SF.				
	r plan year 2016 or fisc		01/01/2016	and ending	12/1	31/2016	5		
		X a single-employer plan	a multiple-employer pla	in (not multiemployer) (					
A This retu	urn/report is for:	a one-participant plan	list of participating em	ployer information in ac	cordance v	rith the form	n instructions.)		
<b>B</b> This retu	rn/report is	the first return/report	the final return/report						
	ĺ	an amended return/report	a short plan year return	/report (less than 12 m	onths)				
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC p	rogram			
	[	special extension (enter descri	iption)						
Part II	Basic Plan Infor	mation-enter all requested info	ormation				<u></u>		
1a Name o	of plan				1b Thre				
THE FAMI	LY DENTIST 401	1K PROFIT SHARING PL	AN		plan (PN)	number	001		
					· · ·	tive date o	of plan		
					01/0	1/1992	-		
Mailing	address (include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.O.		uctions)	•	loyer Ident )05-044	ification Number 8816		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE FAMILY DENTIST				2c Sponsor's telephone number					
17						728-66	(see instructions)		
480 BRO	ADWAY				<b>20</b> Busi 6212		(See instructions)		
PAWTUCK	ET	RI 02860-1340	)						
		l address 🛛 Same 🛛 as Plan Spon		u B An an	3c Adm	inistrator's	telephone number		
4 If the n	ame and/or EIN of the	plan sponsor has changed since t	the last return/report filed for	or this plan, enter the	4b EIN				
name	EIN, and the plan num	ber from the last return/report.			4c PN				
a Sponso		the beginning of the plan was	· · · · · · · · · · · · · · · · · · ·		5a		10		
		t the beginning of the plan year			5b		10		
		it the end of the plan year ccount balances as of the end of t			·				
					<b>5</b> C		1(		
<b>d(1)</b> Tota	I number of active parti	icipants at the beginning of the pla	an year	•••••	5d(1)		8		
		icipants at the end of the plan yea			5d(2)				
than 1	00% vested	erminated employment during the			5e		0		
Caution: A	penalty for the late or	r incomplete filing of this return	/report will be assessed	uniess reasonable ca	use is esta	blished.	iachla, a Sabadula		
SB or Sche	Ities of perjury and othe dule MB completed and rue, correct, and completed	er penalties set forth in the instruc d signed by an enrolled actuary, a ete.	tions, I declare that I have is well as the electronic ver	sion of this return/repo	t, and to the	e best of m	loable, a Schedule ly knowledge and		
SIGN	michale	Dendron Dila		MICHELE GENDR	ON SILE	R			
HERE	Signature of plan ad		Date 9/6/17	Enter name of individ	lual signing	as plan ad	Iministrator		
SIGN									
HERE	Signature of omploy	or/plan spopsor	Date	Enter name of individ	lual signing	as employ	er or plan sponsor		
Preparer's r	Signature of employ name (including firm na	me, if applicable) and address (in				s telephon			
	·			· · ·					
L		and the Instructions for Form \$600			1		Form 5500-SF (2016)		

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)	<i></i>					X Ye	es 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								ΧYe	es 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann								E	
с	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-		Not de	etermined
	t III Financial Information								-	
7	Plan Assets and Liabilities		(a) Beginning (	of Year				(b) End o	f Year	
a	Total plan assets	7a		758,	975			(0) 1110 0		777,454
	Total plan liabilities	7b			0					0
	Net plan assets (subtract line 7b from line 7a)	7c	1,	758,	975				1,	777,454
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t		-		(b) To	tal	
	Contributions received or receivable from:									
	(1) Employers	8a(1)						<u> </u>		
	(2) Participants	8a(2)		11,	797					
	(3) Others (including rollovers)	8a(3)				- 2013 7				
b	Other income (loss)	8b		11,797 116,422 92,326 17,414			an a	<u>an an an a</u>		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							. teg et	128,219
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		92,	326					
e	Certain deemed and/or corrective distributions (see instructions)	8e			1	<u>n an an</u> Saidhean Saidhean				
	Administrative service providers (salaries, fees, commissions)	8f		17,4	414					
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								109,740
	Net income (loss) (subtract line 8h from line 8c)	8i	表 电子口 网络电							18,479
-	Transfers to (from) the plan (see instructions)	8j		ana barta da anti angla bata da angla ang						
Par	t IV Plan Characteristics				ł-			<u></u>		
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2R 3D	feature co	odes from the List of Pla	an Chai	racteria	stic Co	odes in	the instru	uctions:	,
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	cterist	tic Coo	des in t	he instruc	tions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	ıt
a	Was there a failure to transmit to the plan any participant contribu	itions with	in the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	•		10a		x	t i de			
b	Were there any nonexempt transactions with any party-in-interest									
	reported on line 10a.)			10b		X				
C				10c	х					200,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x				
e	Were any fees or commissions paid to any brokers, agents, or oth	her persor	is by an insurance							
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g_	X					30,729
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	he require	d notice or one of the	10i						

Form 5500-SF 2016

Page	3-
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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 con	mplete Sch	edule SE	3	Yes	
(Form 5500) and line 11a below)					
11a Enter the unpaid minimum required contributions 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 Coc ERISA?		n 302 oi		Yes	X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru		l enter ti Day		e letter ru Year	lling
granting the waiver					
		12b			
b Enter the minimum required contribution for this plan year		120			
C 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 lef negative amount)		12d			
e 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	X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
<ul> <li>b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?</li> </ul>	ht under the		ר [] א	es 🛛 ۱	No
<ul> <li>C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)</li> </ul>					
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)
		···			
Part VIII Trust Information					
14a Name of trust		140 1	ſrust's EIN		
14c Name of trustee or custodian			Trustee's or e telephone nu		'S
Part IX IRS Compliance Questions					
<b>15a</b> Is the plan a 401(k) plan? If "No," skip b	Yes		<u>N</u>	0	· ·
<b>15b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	l∐ safe⊺	n-based harbor ent year test	⊔te " —	Prior year st /A	" ADP
<b>16a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio	o entage	Average benefit		] 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		N []		
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS o the letter and the serial number					
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ent letter	ter the date	of the m	nost recent d	etermina	tion
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 separ service?		T 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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