Form 5500-SF		Return/Report Benefit Plan	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be filed und		065 of the Employee Ret	tirement	2017				
Department of Labor Employee Benefits Security Administra	Income Security Act of 1974 (ERI	SA), and sections 605 enue Code (the Code		nternal	This Form is Open to Public Inspection				
Pension Benefit Guaranty Corpora	Complete all entries in accord	dance with the instr	uctions to the Form 550	00-SF.	Fublic inspection				
	ort Identification Information			04/0047					
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017   Image: single-employer plan Image: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a									
A This return/report is for:		list of participating em	· · · · · ·		vith the form instructions.)				
<b>B</b> This return/report is	a one-participant plan	a foreign plan							
		ne final return/report							
			n/report (less than 12 mo	-					
<b>C</b> Check box if filing under:		automatic extension	L	DFVC p	program				
	special extension (enter description	,							
-	nformation—enter all requested informa	tion	Γ	41					
<b>1a</b> Name of plan DIABETES & ENDOCRINOLC	OGY ASSOCIATES, INC. 401(K) PLAN			1b Thre plan (PN)	number				
			_	( )	ctive date of plan				
	nployer, if for a single-employer plan)	\ \			04/01/2001 loyer Identification Number				
City or town, state or pro	room, apt., suite no. and street, or P.O. Box vince, country, and ZIP or foreign postal co		uctions)	(EIN) 2c Spor	) 05-0358648 nsor's telephone number				
DIABETES AND ENDOCRINC	ILOGY ASSOCIATES, INC.			401-351-7100					
100 HIGHLAND AVENUE, SU	TE 203			2d Business code (see instructions)					
PROVIDENCE, RI 02906					621111				
<b>3a</b> Plan administrator's nam	e and address Same as Plan Sponsor.			<b>3b</b> Admi	inistrator's EIN				
	LOGY ASSOCIATES, INC. 100 HIGHLAN	AVENUE, SUITE 20	3	30 Admi	05-0358648				
	PROVIDENCE	, KI 02906		<b>3c</b> Administrator's telephone number 401-351-7100					
	of the plan sponsor or the plan name has ch			4b EIN					
this plan, enter the plan <b>a</b> Sponsor's name	sponsor's name, EIN, the plan name and th	e plan number from th		<b>4d</b> PN					
C Plan Name									
5a Total number of particip	ants at the beginning of the plan year			5a	26				
	ants at the end of the plan year			5b	26				
	with account balances as of the end of the p	• • •	-	5c	26				
	e participants at the beginning of the plan ye			5d(1)	16				
• •	e participants at the end of the plan year who terminated employment during the plar			5d(2)	16				
than 100% vested	· · · ·	•		5e	0				
Under penalties of perjury an	ate or incomplete filing of this return/rep d other penalties set forth in the instructions ad and signed by an enrolled actuary, as we	, I declare that I have	examined this return/rep	ort, includi	ing, if applicable, a Schedule				
belief, it is true, correct, and o	complete.								
HERE	ized/valid electronic signature.	03/08/2018	ROBERT DOBRZYNSK		en alexande 1.1.4.4				
Signature of pl	an administrator	Date	Enter name of individua	al signing	as plan administrator				
SIGN HERE Signature of er	nployer/plan sponsor	Date	Enter name of individua	al signina	as employer or plan sponsor				

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

Form 5500-SF (2017) v.170203

	Were all of the plan's assets during the plan year invested in eligib		· · · · · · · · · · · · · · · · · · ·									
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 and conditions.) X Yes No 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	<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes $No$ Not determined											
Ŭ	If "Yes" is checked, enter the My PAA confirmation number from th											
		er bee pr										
Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year								
а	Total plan assets	7a	1649276	1957135								
b	Total plan liabilities	7b										
C	Net plan assets (subtract line 7b from line 7a)	7c	1649276	1957135								
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total								
а	Contributions received or receivable from:											
	(1) Employers	8a(1)	53638									
	(2) Participants	8a(2)	102687									
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	234362									
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		390687								
d	Benefits paid (including direct rollovers and insurance premiums		77000									
	to provide benefits)	8d	77803									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e										
<u>t</u>	Administrative service providers (salaries, fees, commissions)	8f	5025									
g	Other expenses	8g										
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		82828								
<u>    i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		307859								
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 $2E$ 2F 2G 2J 3D	feature coc	les from the List of Plan Characteristic	c Codes in the instructions:								

Part	V Compliance Questions				
10	During the plan year:		Yes	No	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		x	
С	Was the plan covered by a fidelity bond?	10c	Х		175000
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		X	
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		4444
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		5550
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
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			

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[	Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[	Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e 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 left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII   F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s)	)	13	c(3)	PN(s)

## No. 1741 F. 3

For	n 5500-SF	Short Form Annu	•	t of Small Emplo	oyee	QMB Nos. 1210-0110 1210-0089	
	neni of the Treasury al Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and	4065 of the Employee Re	etirement	2017	
Employee Ben	ariment of Labor white Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the e).	Internal	This Form is Open to Public Inspection	
Pension Ben	efil Guaranty Corporation	Complete all entries in a	accordance with the insl	ructions to the Form 55	00-SF.	I WHICH BYCARA	
Partl	Annual Report	Identification Information					
For calenda		cal plan year beginning	01/01/2017	and ending	12/3	11/2017	
A This retu	rn/report is for:	X a single-employer plan		lan (not multlemployer) (I mployer information in ac		ing this box must attach a ith the form instructions.)	
<b>D</b> - 1		🗌 a one-participant plan	🔲 a foreign plan				
B This retur	n/report is	the first return/report	lhe final return/report				
		an amended return/report	🗌 a short plan year retu	m/report (less than 12 me	onlhs)		
C Check be	ox if filing under:	Form 5558	eutomatic extension	[	DFVC p	mengon	
		special extension (enter desci	ription)				
Part II	Basic Plan Info	rmation-enter all requested in	formation		•		
1a Name o	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				1b Three	e-dígit	
	•		1.0.4 (71) 57 557			number 002	
DIABETES	& ENDOCRINOI	LOGY ASSOCIATES, INC.	401(K) PLAN		(PN)		
						tive date of plan 1/2001	
		yer, if for a single-employer plan) n, apl., suite no. and street, or P.C	) Box)			oyer Iden(Ification Number 05-0358648	
City or t	own, state or province	e, couniry, and ZIP or foreign post	al code (if foreign, see ins	tructions)		Isor's telephone number	
DIABELE	2 YND FNDOCKI	NOLOGY ASSOCIATES, I	INC.		401-351-7100		
100 HIGH	HLAND AVENUE,	SUITE 203			2d Busir 6211	nesa code (see instruciions) 11	
PROVIDEN	NCE	RI 02906					
		nd address Same as Plan Spon NOLOGY ASSOCIATES, II				nistrator's EIN 358648	
DIABUIDS	AND ENDOCKLI	NOROGI ASSOCIATES, II				nistrator's lelephone number	
100 HIGH	LAND AVENUE,	SUITE 203				351-7100	
PROVIDEN	CE	RI 02906					
		plan sponsor or the plan name h nsor's name, EIN, the plan name a			4b EIN		
a Sponso					4d PN		
C Plan Na							
5a Total nu	umber of participants	at the beginning of the plan year .			5a	26	
		at the end of the plan year			5b	26	
		account balances as of the end of			5c	26	
•	-	Notpants at the beginning of the pl		f I	5d(1)	16	
		dicipants at the end of the plan ve	-	ſ	5d(2)	16	
		terminated employment during the			~		
lhan 1	00% vested	***************************************	••••••		58	0	
Under penal SB or Scheo	lies of perjury and oil lule MB completed ar	or incomplete filing of this return her penalties set forth in the instru- nd signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/rep	port, includi	ng, if applicable, a Schedule	
SIGN	ue. correct-end comp CMV	Dolmy hsly	3-9-19	ROBERT DOBRZYN	ISKI		
LUEBE -	Signature of plan a	dministrator	Date	Enter name of Individu	al signing	as plan administrator	
	B-reserve of bind a			ROBERT DOBRZYN			
SIGN HERE	<b>.</b>						
	Signature of emplo		Dále	⊢nter name of individu	lal signing	as employer or plan sponsor Form 6500-SF (2017)	
ror Paperwe	in Reduction Act Notic	e, see the instructions for Form 550	2-0C1			v.170203	

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
b	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.)	X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year	T		(b) End of Yea	r
а	Total plan assets	7a		649,				L,957,135
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	649,	276		-	L,957,135
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		53,	638			
	(2) Participants	8a(2)		102,	687			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		234,	362		ere presidente à contra d' Altra de la contra d'Altra de la contra d'Altra de la contra	
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						390,687
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		77,	803			
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		5,	025	in Charles		ine tra de tra de tra
<u> </u>	Other expenses	8g				12/2012		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	a di Angela Mangela					82,828
-		1			S. 199			307,859
i	Net income (loss) (subtract line 8h from line 8c)	8i						
Pa	Transfers to (from) the plan (see instructions)   rt IV Plan Characteristics   If the plan provides pension benefits, enter the applicable pension	8j	des from the List of Pl	an Chai	racteri	stic Codes i	n the instruction	an an Araba an Araba an Araba an Araba an Araba an Araba an Araba an Araba an Araba
Pai 9a b	Transfers to (from) the plan (see instructions)   t IV Plan Characteristics   If the plan provides pension benefits, enter the applicable pension   2E 2F 2G 2J 3D   If the plan provides welfare benefits, enter the applicable welfare for	8j feature coo						3:
Pai 9a b Par	Transfers to (from) the plan (see instructions)   t IV Plan Characteristics   If the plan provides pension benefits, enter the applicable pension   2E 2F 2G 2J 3D   If the plan provides welfare benefits, enter the applicable welfare for	8j feature coo						3:
Pai 9a b	Transfers to (from) the plan (see instructions)   rt IV Plan Characteristics   If the plan provides pension benefits, enter the applicable pension   2E 2F 2G 2J 3D   If the plan provides welfare benefits, enter the applicable welfare for   t V Compliance Questions   During the plan year:	8j feature cod	es from the List of Pla					S:
Par 9a b Par 10 a	Transfers to (from) the plan (see instructions)   Transfers to (from) the plan (see instructions)   t IV Plan Characteristics   If the plan provides pension benefits, enter the applicable pension   2E 2F 2G 2J 3D   If the plan provides welfare benefits, enter the applicable welfare for   t V Compliance Questions   During the plan year:   Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	8j feature code eature code tions withir /oluntary Fi	es from the List of Pla the time period iduciary Correction		icterist	ic Codes in	the instructions:	S:
Par 9a b Par 10 a	Transfers to (from) the plan (see instructions)   t IV Plan Characteristics   If the plan provides pension benefits, enter the applicable pension   2E 2F 2G 2J 3D   If the plan provides welfare benefits, enter the applicable welfare for   t V Compliance Questions   During the plan year:   Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	8j feature code tions withir foluntary Fi	es from the List of Plan n the time period iduciary Correction nclude transactions	n Chara	icterist	ic Codes in	the instructions:	S:
Par 9a b Par 10 a	Transfers to (from) the plan (see instructions)	8j feature code eature code tions withir 'oluntary Fi ? (Do not i	es from the List of Plan n the time period iduciary Correction nclude transactions	n Chara	icterist	ic Codes in No X	the instructions:	S:
Par 9a b Par 10 a	Transfers to (from) the plan (see instructions)	8j feature code tions withir 'oluntary Fi ? (Do not i fidelity bor	es from the List of Plan the time period iduciary Correction include transactions id, that was caused	n Chara 10a 10b	Yes	ic Codes in No X	the instructions:	5: t
Par 9a b Par 10 a b c d	Transfers to (from) the plan (see instructions)   Transfers to (from) the plan (see instructions)   t IV Plan Characteristics   If the plan provides pension benefits, enter the applicable pension   2E 2F 2G 2J 3D   If the plan provides welfare benefits, enter the applicable welfare for   t V Compliance Questions   During the plan year:   Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)   Were there any nonexempt transactions with any party-in-interest reported on line 10a.)   Was the plan covered by a fidelity bond?   Did the plan have a loss, whether or not reimbursed by the plan's	8j feature code eature code tions withir foluntary Fi ? (Do not i fidelity bor ner persons te or all of f	es from the List of Plan the time period iduciary Correction include transactions ind, that was caused is by an insurance the benefits under	n Chara 10a 10b 10c	Yes	No X	the instructions:	s: t
Par 9a b Par 10 a b c d	Transfers to (from) the plan (see instructions)	8j feature code eature code tions withir foluntary Fi ? (Do not i fidelity bor ner persons ne or all of t	es from the List of Plan in the time period iduciary Correction include transactions ind, that was caused is by an insurance the benefits under	n Chara 10a 10b 10c 10d	Yes	No X	the instructions:	s: t 175,000
Par 9a b Par 10 a b c d d c c d d	Transfers to (from) the plan (see instructions)	8j feature code eature code tions withir foluntary Fi ? (Do not i fidelity bor ner persons ne or all of fi n? s of year-e	es from the List of Plan in the time period iduciary Correction include transactions ind, that was caused is by an insurance the benefits under ind.)	n Chara 10a 10b 10c 10d 10e	Yes	No X X X X X	the instructions:	s: t 175,000
Par 9a b Par 10 a b c d d c c d d	Transfers to (from) the plan (see instructions)	8j feature code eature code tions withir foluntary Fi ? (Do not i fidelity bor ner persons ne or all of t n? 	es from the List of Plan in the time period iduciary Correction include transactions and, that was caused is by an insurance the benefits under ind.) ctions and 29 CFR	n Chara 10a 10b 10c 10d 10e 10f	Yes X X	No X X X X X	the instructions:	s: t 175,000 4,444

Form 5500-SF 2017

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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 complet (Form 5500) and line 11a below)	Scł	nedule (	SB	[] Ye	es 🗌 No
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 Code or ERISA?			of	[] Ye	es 🗙 No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	s, an	d enter Da		of the letter Year	ruling
If y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		<del></del>			
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 left of a 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?			] Ye	s 🛛 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 und control of the PBGC?	r the	} 		Yes X	No
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	an(s	) to			
1	3c(1) Name of plan(s):	3c(2	) EIN(s)	)	13c(3)	PN(s)