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

2017

This Form is Open to Public Inspection

	port identification information				
For calendar plan year 2017	or fiscal plan year beginning 01/01/	<u>/2017</u>	and ending 12	2/31/2017	
A This return/report is for:	x a single-employer plan		olan (not multiemployer) (l mployer information in ac	_	
	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 retu	rn/report (less than 12 mg	onths)	
C Check box if filing under	님 ' ' ' ' '	automatic extension		DFVC program	
	special extension (enter desc	' '			
Part II Basic Plan	Information—enter all requested in	nformation		_	
1a Name of plan				1b Three-digit	
TAVARES PEDIATRIC CENT	TER, INC. 401(K) RETIREMENT PLAN			plan number (PN) ▶	001
				1c Effective date of	
					1/1994
Mailing address (include	employer, if for a single-employer plan) e room, apt., suite no. and street, or P.			2b Employer Ident (EIN) 04-2	ification Number 716185
City or fown, state or pr TAVARES PEDIATRIC CENT	ovince, country, and ZIP or foreign pos TER, INC.	stal code (if foreign, see ins	tructions)	2c Sponsor's telep	
				2d Business code	(see instructions)
101 PLAIN STREET PROVIDENCE, RI 02903				6230	000
PROVIDENCE, RI 02903					
3a Plan administrator's na	me and address X Same as Plan Spo	onsor		3b Administrator's	FIN
ou i lan daminionator o nai	The drie dedices A came do Figure ope	511301.		Tarimionator o	
				3c Administrator's	telephone number
4 If the name and/or EIN	of the plan sponsor or the plan name h	nas changed since the last	return/report filed for	4b EIN	
this plan, enter the plan a Sponsor's name	n sponsor's name, EIN, the plan name	and the plan number from	the last return/report.	4d PN	
C Plan Name				4u PN	
• Harrianic					
5a Total number of particip	pants at the beginning of the plan year			5а	79
	pants at the end of the plan year		l l	5b	82
	with account balances as of the end o		-	5c	81
d(1) Total number of activ	ve participants at the beginning of the p	olan year		5d(1)	62
• •	ve participants at the end of the plan ye			5d(2)	58
than 100% vested	who terminated employment during th			5e	5
Caution: A penalty for the	late or incomplete filing of this retu	rn/report will be assessed	d unless reasonable cau		
	nd other penalties set forth in the instru- ted and signed by an enrolled actuary, complete.				
	rized/valid electronic signature.	06/07/2018	VIVIAN TAVARES		
HERE Signature of p	lan administrator	Date	Enter name of individu	ual signing as plan ad	ministrator

06/07/2018

Date

VIVIAN TAVARES

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

SIGN

HERE

Enter name of individual signing as employer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligib							X Yes	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							X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann							<u> </u>	□
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not deter	mined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this pl	lan yea	r			(See instruc	tions.)
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(h) Enc	l of Year	
<u>.</u>	Total plan assets	. 7a		62256			(D) Elle	4014788	
	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c	356	62256				4014788	
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from:	- 4.0							
	(1) Employers	. 8a(1)		56863					
	(2) Participants	. 8a(2)	21	16811					
	(3) Others (including rollovers)	. 8a(3)			-				
	Other income (loss)	. 8b	36	61571					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						635245	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	15	57925					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f	2	24788					
g	Other expenses	. 8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						182713	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						452532	
j	Transfers to (from) the plan (see instructions)	- 8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pla	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 Plan	n Chara	acteris	tic Cod	des in the insti	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period					Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X			
	reported on line 10a.)			10b 10c	X	^		40200	20
d				100	^			40200)U
	by fraud or dishonesty?			10d		Χ			
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.)			10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X	ļ		
g	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g	X			5483	36
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X 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 section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
lf y	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			
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 left of a negative 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?		Ye	s X N	0
	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 under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

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 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

2017

This Form is Open to Public Inspection

Part Annual Repor	t Identification Information	COLOGICO WITH THE HISTO	ictions to the Porm 55	00-SF.	
For calendar plan year 2017 or		01/01/2017	and ending	12/31/2	2017
A This return/report is for:	a single-employer plan	a list of participating	plan (not multiemployer)		g this box must attach h the form instructions.)
B This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/repor			
	an amended return/report	a short plan year ret	um/report (less than 12	months)	
C Check box if filing under:	Form 5558	automatic extension		DFV	C program
Part II Basic Plan Inf	formation enter all requested in				
1a Name of plan	offilation enter all requested in	normation		1b Three-c	ligit
'	Center, Inc. 401(k) Reti	rement Plan		plan nu	mber
1444145 144144124	Condition and the condition an	TOWNSTION X TOTAL		(PN) ▶	001
					e date of plan /1994
Mailing Address (include ro	oloyer, if for a single-employer plan) com, apt., suite no. and street, or P.O.	. Box)	An antiones	2b Employ	er Identification Number 04-2716185
Tavares Pediatric	nce, country, and ZIP or foreign posta Center, Inc.	arcoda (ir ioreign, sae ins	aructions)		r's telephone number 272-7127
101 Plain Street				2d Busines 62300	ss code (see instructions) 0
US Providence RI 02903					5
3a Plan administrator's name	and address 🗓 Same as Plan Spor	nsor	3	3b Adminis	strator's EIN
				3c Adminis	strator's telephone number
4 If the name and/or EIN of the this plan, enter the plan spe	he plan sponsor or the plan name has onsor's name, EIN, the plan name an	s changed since the last d the plan number from I	return/report filed for he last return/report.	4b EIN	1
a Sponsor's namec Plan Name				4d PN	
					2
	s at the beginning of the plan year 🕳				79
	s at the end of the plan year			5b	82
The state of the s	n account balances as of the end of the	the state of the s	contribution plans	-5c	81
	articipants at the beginning of the plan			5d(1)	62
• •	articipants at the end of the plan year	•	***************************************	E-1(0)	58
e	terminated employment during the p	-		5e	5
Caution: A penalty for the lat	e or incomplete filing of this return	report will be assesse	d unless reasonable c	ause is establis	shed.
	other penalties set forth in the instruction and signed by an enrolled actuary, as mplete.				
SIGN Turin m	Towares, Trustee	6/7/18	Vivian Tavares	12-1	
HERE Signature of plan ad		Date ,	Enter name of individu	ual signing as pla	an administrator
SIGN Thinas M	1 Tavaria Lec/tress	6/7/18	Vivian Tavares		EP PANCENTIO WHO
HERE Signature of employe	er/plan sponsor	Date	Enter name of individu	ual signing as er	nployer or plan sponsor

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Form		\sim	204	-,
$-\alpha m$	יו וויריבי	->-	21.11	•

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6a	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							100000000	X Yes [¬No
	If you answered "No" to either line 6a or line 6b, the plan canno							********	TEL 169	
С	If the plan is a defined benefit plan, is it covered under the PBGC in							□No	☐ Not det	lemined
	If "Yes" is checked, enter the My PAA confirmation number from the	•	• ,		•		_	_	See instruct	
P	ertills Financial Information							3. 00-5		
7	Plan Assets and Liabilities	Harry Control	(a) Beginning o	f Yea	ır			(b) End o	f Year	
а	Total plan assets	7a	3,5	62,2	56				4,014,7	88
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	3,5	62,2	56		11/		4,014,7	88
8	Income, Expenses, and Transfers for this Plan Year	estine.	(a) Amount	t i				(b) To	tal	
a	Contributions received or receivable from:	0-(4)		F 6 0	53					
_	(1) Employers	8a(1)		56,8		(E)				
	(2) Participants	8a(2)	4.	16,8	111	200	The state of			
_	(3) Others (including rollovers)	88(3)			3	100				
<u>b</u>	Other income (loss)	8b	31	61,5	71	語動		No. of the		
G	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		Tark!					635,2	45
a	to provide benefits)	8d	1!	57,9	25				A PER LAND	
e	Certain deemed and/or corrective distributions (see instructions)	8e								100
f	Administrative service providers (salaries, fees, commissions)	8f		24,7	88					
g	Other expenses	8g	The second second			1	141		(b.), 4 (c.)	
ĥ	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				ST S	SECON SERVICE	Service and Company	182,7	13
Ť	Net income (loss) (subtract line 8h from line 8c)	81				Ž.			452,5	
Ť	Transfers to (from) the plan (see instructions)	81	SI COLUMN TO THE PARTY OF THE P	No.	44,400	277 S		W. Carlo	AND SECTION	
	rt IV Plan Characteristics			-	111111111111111111111111111111111111111	119755	A DO PORTOR	E STATE OF THE STA		Hall College
	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan C	harac	teristi	c Cod	es in th	e instructio	ns:	
\dashv	2E 2F 2G 2J 2K 2T 3D									
ь	If the plan provides welfare benefits, enter the applicable welfare fea	ture code:	s from the List of Plan Ch	aracte	eristic	Code	s in the	instruction	8:	
Pa	rt V Compliance Questions		775							
10	During the plan year:				Yes	No	N/A	A	mount	
а	Was there a failure to transmit to the plan any participant contribut	ions withir	the time period							
	described in 29 GFR 2510.3-1027 (See instructions and DOL's Vo	luntary Fig	luciary Correction			-	Steam	114.		
	Program)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest?	•		406		·				
	Was the plan covered by a fidelity bond?			105		X			400	
_				10c	х	-	107924 1070052		40,	2,000
d 	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	-		10d		ж				
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of t	he benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan			10f		х				
g	The second secon			10g	ж				54	1,836
h	If this is an individual account plan, was there a blackout period? (52520.101-3.)			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 2520.101	e required	notice or one of the	10i			*30			
							-	-	TO STATE SANDENS OF THE PARTY O	

	Form 5500-SF 2017	Page 3 -		
Par	Pension Funding Compliance	TOTAL MENT STORE SALE		
11		ing requirements? (If "Yes," see instructions and complete S		
118	Enter the unpaid minimum required contributions for a		11a	
12	Is this a defined contribution plan subject to the minim	num funding requirements of section 412 of the Code or sec		
а		r year is being amortized in this plan year, see instructions,	and ente	
lfy	ou completed line 12a, complete lines 3, 9, and 10 o	of Schedule MB (Form 5500), and skip to line 13.		
b	Enter the minimum required contribution for this plan y	/881. 1001111111111111100000111111000000000	12b	
С	Enter the amount contributed by the employer to the p	olan for the plan year	12c	
d	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e 12b. Enter the result (enter a minus sign to the left of a	12d	
е	Will the minimum funding amount reported on line 12d	be met by the funding deadline?		Yes No N/A
Par	VII Plan Terminations and Transfers	of Assets		
13a	Has a resolution to terminate the plan been adopted in	n any plan year?		Yes X No
	If "Yes," enter the amount of any plan assets that reve	rted to the employer this year	13a	
b	THE PROOF	peneficiaries, transferred to another plan, or brought under t		☐ Yes 🕱 No
C	ff, during this plan year, any assets or liabilities were to which assets or liabilities were transferred. (See instru	ransferred from this plan to another plan(s), identify the plan	n(8) to	512.001
1.	3c(1) Name of plan(s):	13c(2)	EIN(s)	13c(3) PN(s)