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 Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calend	lar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018	and ending 1:	2/31/2018					
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac	-					
		a one-participant plan	a foreign plan	,		,				
B This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return/report (less than 12 months)							
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC progra	am				
Dort II	Decis Dien Infe	special extension (enter desc	1 /			_				
Part II		ormation—enter all requested in	formation		1					
1a Name THE FAMIL	of plan Y DENTIST 401K PRO	OFIT SHARING PLAN			1b Three-dig plan num (PN) ▶	·				
					1c Effective	date of plan 01/01/1992				
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C). Box)		2b Employer (EIN)	Identification Number 05-0448816				
City o	r town, state or provinc	ce, country, and ZIP or foreign posi		structions)		s telephone number				
THE FAMIL'	Y DENTIST				4	01-728-6654				
480 BROAD	NA/A V				20 Business	code (see instructions)				
	ET, RI 02860-1340					621210				
3a Plan a	administrator's name a	nd address 🛛 Same as Plan Spo	nsor.		3b Administr	ator's EIN				
					3c Administr	rator's telephone number				
		e plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN					
	sor's name	, , , , , , , , , , , , , , , , , , , ,			4d PN					
C Plan N	Name									
5a Total	number of participants	s at the beginning of the plan year.			5a	10				
_		at the end of the plan year			. 5b	10				
		account balances as of the end of			5c	10				
	,	articipants at the beginning of the p			5d(1)	8				
d(2) Tot	tal number of active pa	articipants at the end of the plan ye	ar		5d(2)	8				
		terminated employment during the			5e	0				
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca						
SB or Scho		ther penalties set forth in the instru and signed by an enrolled actuary, a plete.								
SIGN	Filed with authorized	l/valid electronic signature.	02/21/2019	MICHELE GENDRON	I SILER					
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as pl	an administrator				
SIGN										
HERE	Signature of emplo	over/plan sponsor	Date	ete Enter name of individual signing as employer or plan spon						

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes	No		
D	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.										
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐								Not dete	rmined	
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									ctions.)	
Pai	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) En	nd of Year		
	Total plan assets	7a		70757			()	1574162		
	Total plan liabilities	7b		0				0		
С	Net plan assets (subtract line 7b from line 7a)	7c	187	70757				1574162		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)) Total		
а	Contributions received or receivable from:									
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)	1	11625						
	(3) Others (including rollovers)	8a(3)	4.4	0						
	Other income (loss)	8b	-17	13919				400004		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-102294		
	to provide benefits)	8d	17	75000						
	Certain deemed and/or corrective distributions (see instructions)									
f	Administrative service providers (salaries, fees, commissions)	8f	1	19301						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				194301				
i	Net income (loss) (subtract line 8h from line 8c)	8i						-296595		
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 2A 2E 2G 2J 2R 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the ir	nstructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan	n Chara	acterist	ic Coc	des in the ins	structions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period		100	140		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 reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	Х			2000	00	
d	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		X				
f	f Has the plan failed to provide any benefit when due under the plan?					X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g	X			287	72	
h	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 exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	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 Sche (Form 5500) and line 11a below)		В	Y	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	:	Y	es X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	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?		Yes	× 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

Part Annual Report Identification Information

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.

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning	01/01/2018	and ending	12/31/	2018
A This return/report is for:	a multiple-employe	r plan (not multiemployer) employer information in a	(Filers checking	this box must attach a
a one-participant plan	a foreign plan	employer.information in a	ccordance with t	ne form instructions.)
B This return/report is the first return/report	the final return/repo	ort		
an amended return/report	a short plan year re	turn/report (less than 12 m	onths)	
C Check box if filing under: Form 5558	automatic extensio	n e e	DFVC progra	am
special extension (enter desc	ription)		_	,
Part II Basic Plan Information—enter all requested in	formation			
1a Name of plan		-	1b Three-dig	if T
THE FAMILY DENTIST 401K PROFIT SHARIN	G PLAN		plan num (PN) ▶	
			1c Effective 01/01,	date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.C				Identification Number
City or town, state or province, country, and ZIP or foreign post	J. BOX) al code (if foreign, see in	netructione)	(EIN) 05	-0448816
THE FAMILY DENTIST	· · ·	·		telephone number 8-6654
480 BROADWAY			2d Business	code (see instructions)
PAWTUCKET RI 02860-	1340		601010	1
3a Plan administrator's name and address X Same as Plan Spor	3005		621210	
our Fiant danimistrator o france and address A came, as Fiant Spor	1801.		3b Administra	ator's EIN
			3c Administra	ator's telephone number
	•			
4 If the name and/or FIN of the plan sponsor or the plan name by				· .
4 If the name and/or EIN of the plan sponsor or the plan name ha this plan, enter the plan sponsor's name, EIN, the plan name a	as changed since the las	t return/report filed for	4b EIN	•
a Sponsor's name	and the plant harmon from	r the last return report.	4d PN	
C Plan Name			10 111	
		· .		•
5a Total number of participants at the beginning of the plan year			5a	10
b Total number of participants at the end of the plan year			5b	10
C Number of participants with account balances as of the end of the complete this item)	the plan year (only define	ed contribution plans	5c	10
d(1) Total number of active participants at the beginning of the pla	an year	***************************************	5d(1)	8
d(2) Total number of active participants at the end of the plan year			5d(2)	8
Number of participants who terminated employment during the than 100% vested	plan year with accrued	benefits that were less	5e	. 0
Caution: A penalty for the late or incomplete filing of this return	report will be assesse	d unless reasonable cau	ise is establish	-d
Under penalties of perjury and other penalties set forth in the instruc SB or Schedule MB completed and signed by an enrolled actuary, a belief, it is true, correct, and complete	tions, I declare that I have s well as the electronic v	ve examined this return/report version of this return/report	oort, including, if , and to the best	applicable, a Schedule of my knowledge and
SIGN Michell Lendrens, la	2/21/19	MICHELE GENDRO	N SILER	
HERE Signature of plan administrator	Date	Enter name of individu	ial signing as nis	ın administrator
SIGN		- I I I I I I I I I I I I I I I I I I I		warminottatol
HERE Signature of employer/plan sponsor	Date	Enter name of individu	ıal signing as en	ployer or plan sponsor
For Paperwork Reduction Act Notice, see the Instructions for Form 5500	O.F.			Form 5500-SF (2018)

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Form	5500	-SF	(2018)

b	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility 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	an indepe and condi i ot use F o nsurance p	ndent qualified public a tions.) orm 5500-SF and must orogram (see ERISA se	ccount t instea ction 4	ant (IC a d us e 021)?	PA) Form	X Yes No Not determined			
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this pl	an yea	r		(See instructions.)			
Pa	t III Financial Information	I	<u> </u>		<u>" </u>		811-11-801-81			
7	Plan Assets and Liabilities		(a) Beginning o				(b) End of Year			
<u>a</u>	Total plan assets	7a	1,	870,	757		1,574,162			
<u>b</u>	Total plan liabilities	7b	<u> </u>		0		0			
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	1,	870,	757		1,574,162			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
a	Contributions received or receivable from: (1) Employers	8a(1)			0					
	(2) Participants	8a(2)		11,	625	4.11.				
	(3) Others (including rollovers)	8a(3)			0	· · .				
b	Other income (loss)	8b	_	113,	919	<u> </u>	<u>. 19-19. ji ili ili ili ili ili ili ili ili ili </u>			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-102,294			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		175,	000					
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		19,301						
g	Other expenses	8g				1.1				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						194,301			
$\overline{}$	Net income (loss) (subtract line 8h from line 8c)						-296,595			
j	Transfers to (from) the plan (see instructions)	81								
Pai	t IV Plan Characteristics	<u> </u>			•					
9a	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 Cha	racteri	stic Co	odes in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Plar	n Chara	acteris	tic Cod	des in the instructions:			
Par	t V Compliance Questions	-								
10	During the plan year:				Yes	No	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 New Program)	/oluntary l	Fiduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		х				
С				10c	Х		200,000			
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 pla	in?		10f		х				
g	J Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g	Х		28,772			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х				
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 (Form 5500) and line 11a below)	•				Yes 🗌 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 CERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	Code or section	1 302 of			Yes X No
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.		l enter t Day		of the lette Year	er ruling
If 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			
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 negative amount)		12d	<u> </u>		
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	XΝ	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 broucontrol of the PBGC?				Yes [X No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred.	ntify the plan(s)	to			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3	3) PN(s)