## 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.

0046

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information									
For calend	lar plan year 2016 or f	iscal plan year beginning 01/01/2	201 <u>6</u>	and ending 12	2/31/2016						
A This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) ( employer information in ac		-					
	·	a one-participant plan	a foreign plan				,				
<b>B</b> This ret	urn/report is	the first return/report	the final return/repor	rt							
<b>O O O O O O O O O O</b>		an amended return/report		urn/report (less than 12 m	_						
C Check	box if filing under:	Form 5558 special extension (enter desc	automatic extension	1	DFVC p	rogram					
Part II	Racic Plan Infe	<b>prmation</b> —enter all requested in				-					
		ormation—enter all requested in	liormation		1h Thus	a aliasis	_				
1a Name CARLOS E.		PROFIT SHARING PLAN AND TE	RUST		<b>1b</b> Three plan (PN)	number	001				
					1c Effec	ctive date of 01/01	plan /1999				
	' '	oyer, if for a single-employer plan)			2b Empl	oyer Identif	ication Number				
		om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos		estructions)	(EIN)	65-08	862975				
•	COELHO, M.D., P.A.	ce, country, and zir or loreign pos	iai code (ii ioreign, see in	isti uctions)	2c Spor	nsor's teleph 305-932	none number -6068				
					2d Busin	ness code (s	see instructions)				
21097 N.E. 2 AVENTURA	27TH COURT, SUITE , FL 33180-1235	510				62111	11				
	, . 2 00 . 00 . 200										
<b>3a</b> Plan a	administrator's name a	nd address X Same as Plan Spo	nsor		<b>3b</b> Admi	inistrator's E					
ou mane		na address A came as man ope	11001.		OD /taili	motrator 5 E					
					3c Admi	nistrator's to	elephone number				
		e plan sponsor has changed since imber from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN						
	sor's name	imber from the last return/report.			4c PN						
		s at the beginning of the plan year.			5a		-				
		s at the end of the plan year			5b	<u> </u>					
		account balances as of the end of			5c	<u> </u>	-				
	olete this item)tal number of active na	articipants at the beginning of the p	lan vear		5d(1)	<u> </u>					
		articipants at the end of the plan ye			5d(2)						
<b>e</b> Num	ber of participants tha	t terminated employment during the	e plan year with accrued	benefits that were less	5e						
						h li a la a al					
		or incomplete filing of this retur ther penalties set forth in the instru					able a Schedule				
SB or Sch		and signed by an enrolled actuary,									
SIGN	Filed with authorized	/valid electronic signature.	07/18/2017	CARLOS E. COELHO	, M.D.						
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing	as plan adn	ninistrator				
SIGN											
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	ual signing a	as employe	r or plan sponsor				
Preparer's		name, if applicable) and address (i	nclude room or suite num			s telephone					

Form 5500-SF 2016 Page **2** 

<ul> <li>Were all of the plan's assets during the plan year invested in</li> <li>Are you claiming a waiver of the annual examination and repounder 29 CFR 2520.104-46? (See instructions on waiver eliging liftyou answered "No" to either line 6a or line 6b, the plan</li> </ul>	ort of an indepen	dent qualified public a	ccount	ant (IC	PA)			X Yes	No No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PB	GC insurance pr	ogram (see ERISA se	ection 4	021)?	[	Yes	No	Not deter	mined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	of Year	
a Total plan assets	7a	1	057122					1103723	
<b>b</b> Total plan liabilities	7b		0	)				0	
C Net plan assets (subtract line 7b from line 7a)	7с	1	057122					1103723	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) T	otal	
Contributions received or receivable from:     (1) Employers	8a(1)		0	)					
(2) Participants	8a(2)		0	)					
(3) Others (including rollovers)	8a(3)		0	)					
<b>b</b> Other income (loss)	8b		46795						
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							46795	
d Benefits paid (including direct rollovers and insurance premium to provide benefits)			0	)					
e Certain deemed and/or corrective distributions (see instruction	ns). <b>8e</b>		0	)					
f Administrative service providers (salaries, fees, commissions)	) 8f		157						
<b>g</b> Other expenses	8g		37						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							194	
i Net income (loss) (subtract line 8h from line 8c)	8i				46601				
j Transfers to (from) the plan (see instructions)	····· 8j		C	)					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable per 2A 2E 3D	nsion feature cod	les from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
<b>b</b> If the plan provides welfare benefits, enter the applicable wel	fare feature code	es from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	ictions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant co- described in 29 CFR 2510.3-102? (See instructions and DC Program)	DL's Voluntary Fi	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-in-reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					110000
d Did the plan have a loss, whether or not reimbursed by the p by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, carrier, insurance service, or other organization that provide the plan? (See instructions.)	s some or all of t	he benefits under	10e	X					157
<b>f</b> Has the plan failed to provide any benefit when due under the	ne plan?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter and	ount as of year-e	nd.)	10g		X				
h If this is an individual account plan, was there a blackout per 2520.101-3.)	•		10h		X				
i If 10h was answered "Yes," check the box if you either provi exceptions to providing the notice applied under 29 CFR 252			10i						

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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	) 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 Treesury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

**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.

1210-0089

2016

OMB Nos. 1210-0110

This Form is Open to Public Inspection

<u>For calendar plan year 2016 or </u>	tiscal plan year beginning	<u>01/01/2016</u>	and ending	<u> 12/31/20</u>	<u> 16</u>
A This return/report is for:	a single employer plan		an (not multlemployer) ( ployer information in ac	_	
	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 return	ı/report (less than 12 m	onths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC program	
	special extension (enter desc				
	ormation—enter all requested in	formation		1b Three-digit	
1a Name of plan	.D., P.A. Profit Shar	ing Plan		plan number	
and Trust	The Tribe of Monthly Contract	4		(PN) ▶	001
				1c Effective date 01/01/19	•
	loyer, if for a single-employer plan)			2b Employer iden	
City or town, state or provin	om, apt., suite no, and street, or P.¢ nce, country, and ZIP or foreign pos	o. box) Ital code (if foreign, see instr	uctions)	(EIN) 65-0	
Carlos E. Coelho, M		, ,	·	2c Sponsor's tele (305) 93:	
				2d Business code	
21097 N.E. 27th Cou:	rt Suite 510			621111	,,
	ic, baile old	TOT	22200 1026		
Aventura 39 Ples administrator's person	and address K Same as Plan Spo		33180-1235	3b Administrator's	> E1N
Ja Flati administrators france	and address & Same as rian Spo	Albui.		OD Administrators	3 [114
				3C Administrator's	s telephone number
				JC Administrators	s reichmone monnoci
				JC Administrators	s telephone number
				JC Administrators	s telephone number
				JC Administrators	s telephone number
	he plan sponsor has changed since	e the last return/report flied fo	or this plan, enter the	4b EIN	s (еlерноне пош <del>ос</del> н
name, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	e the last return/report filed fo	or this plan, enter the	4b EiN	s telephone number
name, ElN, and the plan n  a Sponsor's name	umber from the last return/report.				s telephone number
name, EIN, and the plan n a Sponsor's name 5a Total number of participant	umber from the last return/report.			4b EIN 4c PN	s telephone number
name, EIN, and the plan n a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with	umber from the last return/report.  ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of	f the plan year (only defined	contribution plans	4b EIN 4c PN 5a	s telephone number
name, EIN, and the plan n  a Sponsor's name  5a Total number of participant  b Total number of participant  c Number of participants with  complete this item)	umber from the last return/report.  ts at the beginning of the plan year.  ts at the end of the plan year  h account balances as of the end of	f the plan year (only defined	contribution plans	4b EIN  4c PN  5a  5b  5c	s telephone number
name, EIN, and the plan name, EIN, and the plan name Sponsor's name  5a Total number of participant  b Total number of participants with complete this item)	umber from the last return/report.  ts at the beginning of the plan year,  ts at the end of the plan year,  h account balances as of the end of  participants at the beginning of the p	f the plan year (only defined	contribution plans	4b EIN  4c PN 5a 5b 5c 5d(1)	s telephone number
name, EIN, and the plan n a Sponsor's name 5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants the	ts at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the end of the plan year terminated employment during the	f the plan year (only defined blan year ear e plan year with accrued be	contribution plans	4b EIN  4c PN  5a  5b  5c	s telephone number
name, EIN, and the plan n a Sponsor's name 5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants the than 100% vested Caution: A penalty for the late	umber from the last return/report.  Its at the beginning of the plan year at the end of the plan year account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the por incomplete filing of this return	f the plan year (only defined plan year ear e plan year with accrued be rn/report will be assessed	contribution plans nefits that were less unless reasonable ca	4b EIN  4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	6 6 4
name, EIN, and the plan n a Sponsor's name  5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants than 100% vested	ts at the beginning of the plan year at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year terminated employment during the position of the plan year terminated employment during the position of the plan year terminated employment during the penalties set forth in the instruand signed by an enrolled actuary,	f the plan year (only defined plan year ear e plan year with accrued be rn/report will be assessed lotions, I declare that I have	contribution plans nefits that were less unless reasonable ca	4b EIN  4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app	ilicable, a Schedule
name, EIN, and the plan n a Sponsor's name 5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants the than 100% vested Caution: A penalty for the late Under penalties of perjury and o SB or Schedule MB completed bellef, it is true, correct, and cor	ts at the beginning of the plan year at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year terminated employment during the position of the plan year terminated employment during the position of the plan year terminated employment during the penalties set forth in the instruand signed by an enrolled actuary,	f the plan year (only defined blan yeareare plan year with accrued being the plan year will be assessed uptions, I declare that I have as well as the electronic ver	contribution plans nefits that were less unless reasonable ca	4b EIN  4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established, port, including, if app t, and to the best of r	ilicable, a Schedule
name, EIN, and the plan n a Sponsor's name  5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants the than 100% vested  Caution: A penalty for the late Under penalties of perjury and o SB or Schedule MB completed bellef, it is true, correct, aflet cor	ts at the beginning of the plan year its at the beginning of the plan year its at the end of the plan year in account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filing of this return other penalties set forth in the instruction of the penalties and signed by an enrolled actuary, inplote.	f the plan year (only defined plan year	contribution plans nefits that were less unless reasonable cal examined this return/re sion of this return/repor	4b EIN  4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of r	licable, a Schedule ny knowledge and
name, EIN, and the plan n a Sponsor's name  5a Total number of participant b Total number of participants with complete this item)	ts at the beginning of the plan year its at the beginning of the plan year its at the end of the plan year in account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filing of this return other penalties set forth in the instruction of the penalties and signed by an enrolled actuary, inplote.	f the plan year (only defined blan year	contribution plans  nefits that were less  unless reasonable ca examined this return/re sion of this return/repor	4b EIN  4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established, port, including, if app t, and to the best of r  1ho, M.D. ual signing as plan as	licable, a Schedule ny knowledge and
name, EIN, and the plan n a Sponsor's name  5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants the than 100% vested  Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed bellef, it is true, correct, and corr SIGN HERE Signature of plan	ts at the beginning of the plan year its at the beginning of the plan year its at the end of the plan year in account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the eor incomplete filing of this return other penalties set forth in the instrument of the penalties and signed by an enrolled actuary, inplete.	f the plan year (only defined plan year	contribution plans  mefits that were less  unless reasonable ca examined this return/re sion of this return/repor  Carlos E. Coe  Enter name of individ  Carlos E. Coe	4b EIN  4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of r  1ho, M.D. ual signing as plan as 1ho, M.D.	licable, a Schedule ny knowledge and dministrator
name, EIN, and the plan n  a Sponsor's name  5a Total number of participant  b Total number of participants with complete this item)	ts at the beginning of the plan year its at the beginning of the plan year its at the end of the plan year in account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filing of this return other penalties set forth in the instruction of the penalties and signed by an enrolled actuary, inplote.	f the plan year (only defined plan year	contribution plans  mefits that were less  unless reasonable car examined this return/re sion of this return/repor  Carlos E. Coe  Enter name of individ  Carlos E. Coe	4b EIN  4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of r  1ho, M.D. ual signing as plan as 1ho, M.D.	licable, a Schedule ny knowledge and dministrator
name, EIN, and the plan n  a Sponsor's name  5a Total number of participant  b Total number of participants with complete this item)	ts at the beginning of the plan year its at the end of the plan year its at the end of the plan year in account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the eor incomplete filing of this return other penalties set forth in the instrument of the penalties set forth in the instrument penalties are forther penalties.  administrator	f the plan year (only defined plan year	contribution plans  mefits that were less  unless reasonable car examined this return/re sion of this return/repor  Carlos E. Coe  Enter name of individ  Carlos E. Coe	4b EIN  4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of r  1ho, M.D. ual signing as pian as 1ho, M.D. ual signing as employ	licable, a Schedule ny knowledge and dministrator
name, EIN, and the plan n  a Sponsor's name  5a Total number of participant  b Total number of participants with complete this item)	ts at the beginning of the plan year its at the end of the plan year its at the end of the plan year in account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the eor incomplete filing of this return other penalties set forth in the instrument of the penalties set forth in the instrument penalties are forther penalties.  administrator	f the plan year (only defined plan year	contribution plans  mefits that were less  unless reasonable car examined this return/re sion of this return/repor  Carlos E. Coe  Enter name of individ  Carlos E. Coe	4b EIN  4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of r  1ho, M.D. ual signing as pian as 1ho, M.D. ual signing as employ	licable, a Schedule ny knowledge and dministrator
name, EIN, and the plan n  a Sponsor's name  5a Total number of participant  b Total number of participants with complete this item)	ts at the beginning of the plan year its at the end of the plan year its at the end of the plan year in account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the eor incomplete filing of this return other penalties set forth in the instrument of the penalties set forth in the instrument penalties are forther penalties.  administrator	f the plan year (only defined plan year	contribution plans  mefits that were less  unless reasonable car examined this return/re sion of this return/repor  Carlos E. Coe  Enter name of individ  Carlos E. Coe	4b EIN  4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of r  1ho, M.D. ual signing as pian as 1ho, M.D. ual signing as employ	licable, a Schedule ny knowledge and dministrator

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6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a walver of the annual examination and report of under 29 CFR 2520.104-46? (See Instructions on walver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi	ndent qualified public . tions.)	accoun	tant (K	QPA)				Yes No
c	If the plan is a defined benefit plan, is it covered under the PBGC in								Not	determined
Pa	t III Financial Information						<del></del>		<u>'='</u>	
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r T			(b) En	d of Year	
а	Total plan assets	7a		057,				(,		,103,723
b	Total plan liabilities	7b		·	0					0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1,	057,	122				1	,103,723
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b)	Total	
a	Contributions received or receivable from:									
	(1) Employers	88(1)			- 0					
	(2) Participents	8a(2)		1 ***	0.					
<u> </u>	(3) Others (including rollovers)	8a(3)		4.0	0 .	<u> </u>				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		46,	/95	· · · ·				
	Benefits paid (Including direct rollovers and Insurance premiums	8c			+					46,795
	to provide benefits)	8d			0					
е .	Certain deemed and/or corrective distributions (see instructions)	8e			0		·····			
f	Administrative service providers (salaries, fees, commissions)	8f			157					
<u>g</u>	Other expenses	8g			37					
h	Total expenses (edd lines 8d, 8e, 8f, and 8g)	8h								194
	Net income (foss) (subtract line 8h from line 8c)	81								46,601
<u> </u>	Transfers to (from) the plan (see instructions)	8)			Q					<del></del>
Par	t IV Plan Characteristics						· • · · · · · · · · · · · · · · · · · ·			,
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	des from the List of PI	en Cha	racteri	stic C	odes i	the in:	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acteris	tic Co	des in	the inst	ructions:	
Part	V Compliance Questions									
10	During the plan year:	.,			Yes	No	N/A	1	Amou	int
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	tions within	the time period					<u> </u>		
	Program)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		х				
¢	Was the plan covered by a fidelity bond?			10c	Х					110,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		Х		<b></b>		
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.)	e or all of t	by an insurance	10e	х					157
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			10g						
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	See instru	ctions and 29 CFR	10g 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	101		· · · · · · · · · · · · · · · · ·			**************************************	.,

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Part	VI Pension Funding Compliance					
11	is this e defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)				Y	′es 🏻 No
11a						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc ERISA?				📋 Y	'es 🛛 No
a	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr		d enter t	he date	of the lette	r ruilng
	granting the waiver		Day		Year	
	Enter the minimum required contribution for this plan year		12b			
			12c			
	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the let					
	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	a X N	o
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
þ	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?	nt under the			Yes <u>x</u>	No
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.)	y the plan(s)	) to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	) PN(s)
<b>D</b>	7/14 T4 Info4					
Part	VIII Trust Information		446 -	F. 11 F		
149 I	vame of flust		140	Frust's E	ZIIN	
14c	Name of trustee or custodian				s or custodi ne number	an's
Part	IX IRS Compliance Questions			-		
15a	Is the plan a 401(k) plan? If "No," skip b	Yes			No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	∐ safe h		L	"Prior ye test	ar" ADP
		O ADP t	ent year est		N/A	
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio perce test	entage		verage enefit test	□ N/A
	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		[	No	
	if the plan is a master and prototype plan (M&P) or volume submitter plan that received a fevorable IRS of the letter and the serial number					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ente letter	er the date (	of the m	ost rece	ent determir	nation
	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 separa service?	ated from	Yes		] No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes	; [	] No	