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.

0040

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P	art I	Annual Report	Identification Information				
Fo	r calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/20	016 and ending 12	2/31/20	016	
A	This ret	urn/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) (list of participating employer information in ac a foreign plan	,	•	
В	This retu	ırn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	nonths)		
С	Check b	oox if filing under:	Form 5558 special extension (enter descri	automatic extension	DF	VC program	
Ρ	art II	Basic Plan Info	rmation—enter all requested info	ormation			
	Name SMILES		PA PROFIT SHARING PLAN AND	TRUST	1b	Three-digit plan number (PN) ▶	001
					1c	Effective date of 01/01	•
	Mailing City or	address (include rooi	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta A			Employer Identif (EIN) 59-34 Sponsor's teleph 727-786	91273 none number
	TAMPA M HARB	RD. OR, FL 34684			2d	Business code (s	see instructions)
3a	ı Plan ad	dministrator's name ar	nd address 🛚 Same as Plan Spon	nsor.		Administrator's E	EIN elephone number
4			e plan sponsor has changed since t mber from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN	
а	Sponso	or's name			4c	PN	
5 a	Total r	number of participants	at the beginning of the plan year		5		;
b	Total r	number of participants	at the end of the plan year		5ł	b	
С		er of participants with ete this item)	account balances as of the end of t	the plan year (only defined contribution plans	50		(
C	l(1) Tota	al number of active pa	rticipants at the beginning of the pla	an year	5d(:
C	l(2) Tota	al number of active pa	rticipants at the end of the plan year	ar	5d((2)	
	than 1	100% vested		plan year with accrued benefits that were less	56		
				/report will be assessed unless reasonable ca			
SB	or Sche		nd signed by an enrolled actuary, a	tions, I declare that I have examined this return/re is well as the electronic version of this return/repor			

SIGN HERE

Filed with authorized/valid electronic signature.

O7/26/2017

CHRISTINE Y APPLEWHAITE FERRIER

Enter name of individual signing as plan administrator

SIGN HERE

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

Form 5500-SF 2016 Page **2**

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 6a Very our diversing a valve of the annual examination and report of an independent qualified public accountant (ICPA) 1 you have received "No" to eliminate inte 6 or line for bit, the plan cannot dependent qualified public accountant (ICPA) 1 you have received "No" to eliminate inte 6 or line for bit, the plan cannot use Form \$500-\$F and must instead use Form \$500. 2 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	62	Were all of the plan's assets during the plan year invested in eligib	de accete?	(See instructions)						X Y	′es No
under 29 CFR 2520.104-de? (See instructions on wakere eigbility and conditions.)		, , , ,		`						Ξ.	- I
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ons.)						×Y	'es No
Part III Financial Information (a) Beginning of Year (b) End of Year 190768 0 0 0 0 0 0 0 0 0							_		_		
7 Plan Assets and Liabilities		· · · · · · · · · · · · · · · · · · ·	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	☐ Not d	letermined
a Total plan issets						r					
D Total plan liabilities	7	Plan Assets and Liabilities						((b) End	of Year	•
8 Income, Expenses, and Transfers for this Plan Year C Net plan assets (subtract line 7b from line 7a)					190768						
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovere). 8a(1) 5 b Other income (including rollovere). 8a(2) (3) Others (including rollovere). 8a(3) 6 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), 8a(3					100760						
a Contributions received or receivable from: (1) Employers (2) Participants			7c								U
(1) Employers				(a) Amour	nt				(b) T	otal	
(2) Participants			8a(1)								
(3) Others (including rollovers)											
b Other income (loss)											
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		· · · · · · · · · · · · · · · · · · ·			7956	;					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		• • •								79	956
e Certain deemed and/or corrective distributions (see instructions). 8											
f Administrative service providers (salaries, fees, commissions)		to provide benefits)	8d		198649						
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f								
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		75						
Transfers to (from the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 10h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) I 10h Was answered "Yes," check the box if you either provided the required notice or one of the		, , ,	8i							-1907	768
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Dark V Compliance Questions	j	Transfers to (from) the plan (see instructions)	8j								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10	Par										
Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) li If 10h was answered "Yes," check the box if you either provided the required notice or one of the	9a 		feature co	des from the List of Pl	an Cha	racteri	stic Co	des in	the inst	ructions:	
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Char	acterist	tic Coc	les in t	he instru	uctions:	
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Part	t V Compliance Questions									
a 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)	10					Yes	No	N/A		Amou	nt
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а		ıtions withiı	n the time period							
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					100		X				
reported on line 10a.)		· ,			IUa						
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			,		10b		X				
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c		X				
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	·	-		10d		X				
the plan? (See instructions.) 10e f Has the plan failed to provide any benefit when due under the plan? 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	е										
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					10e						
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f						
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		X				
	h	·	•		10h		X				
	i				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)						Yes X No
		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. A?						Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver 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 lett Year	-
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		he 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		1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X 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	lan(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 ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
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:	- LL ;		n-based narbor	d [Test	year" 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
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are 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, e	nter the	date	of the n	nost rec	ent detern	nination
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	Wasa	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

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

2016

This Form is Open to Public Inspection

P	'art I Annua	i Report i	Identification Information	1			
For	calendar plan year	2016 or fisc	cal plan year beginning	01/01/2016	and ending	12/31/20:	L6
A	This return/report is	s for:	x a single-employer plan	a list of participating	plan (not multiemployer) gemployer information in		
R	This return/report is		a one-participant plan the first return/report	a foreign plan the final return/repo	rt		
ם	This return/report is	5.	님 '	· ·			
			an amended return/report	a snort plan year re	turn/report (less than 12	months)	
С	Check box if filing u	under:	Form 5558	automatic extension	ı	DFVC p	rogram
			special extension (enter desc	cription)		_	
Р	art II Basic I	Plan Info	rmation enter all requested	Linformation			
	Name of plan		0.11.01.01.01.01.01.01.01.01.01.01.01.01			1b Three-digi	t
	All Smiles I	Dental C	enter, PA Profit Shari	ing Plan and Trus	t	plan numb (PN) ▶	er 001
						1c Effective of	
						01/01/1	•
2a		ame (emplo	yer, if for a single-employer plan)	O. Davi)		2b Employer	Identification Number
			m, apt., suite no. and street, or P e, country, and ZIP or foreign pos		nstructions)	(EIN) 59	-3491273
	All Smiles I	•		, ,	,		telephone number
						<u> </u>	86–1077
	3438 Tampa 1	Rd.				621210	code (see instructions)
	_						
22	US Palm Harbor		nd address X Same as Plan Sp	20004		3b Administra	staria FINI
Ja	Fian auministratu	n S name ar	iu address 🖭 Saille as Flail Sp	JOHSOI		3D Administra	IIOI S EIIN
						20. 4	
						3C Administra	tor's telephone number
4	If the name and/o	or EIN of the	e plan sponsor has changed since	e the last return/report file	d for this plan, enter the	4b EIN	
		he plan num	nber from the last return/report.			_	
	Sponsor's name					4c PN	
			at the beginning of the plan year				3
b	-	-	at the end of the plan year			. 5b	0
С			account balances as of the end o			5c	0
d		,	ticipants at the beginning of the p			. 5d(1)	3
_		•	ticipants at the end of the plan ye	•			0
		-	erminated employment during the			34(2)	
е	less than 100% v			······································		, 5e	0
Ca	aution: A penalty f	or the late	or incomplete filing of this retu	ırn/report will be assess	ed unless reasonable o	ause is establish	ed.
SI		completed a	her penalties set forth in the instr nd signed by an enrolled actuary plete.				
Ş	SIGN			07-25-2017			
	IERE Signature of	f plan adm	inistrator	Date	Enter name of individ	ual signing as plan	administrator
		•				5 5 1	
	SIGN Signature o	f employer	/plan sponsor	Date	Enter name of individ	ual signing as emp	lover or plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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	Were all of the plan's assets during the plan year invested in eligible						••••••	•••••	X Yes	No
р	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								X Yes	\neg_{No}
	If you answered "No" to either line 6a or line 6b, the plan cannot								[22] 100 [
С	If the plan is a defined benefit plan, is it covered under the PBGC in							s □ No	☐ Not det	termined
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End	of Year	
а	Total plan assets	. 7a	19	90,7	68					0
b	Total plan liabilities	. 7b								0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	19	90,7	68					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) 1	Γotal	
а	Contributions received or receivable from:									
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
_	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		7,9	56					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_			7,9	56
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	19	8,6	49					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	. 8g			75					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							198,7	24
ī	Net income (loss) (subtract line 8h from line 8c)	. 8i							(190,76	58)
ī	Transfers to (from) the plan (see instructions)	. 8j								
Pa	art IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension for	eature code	es from the List of Plan C	harac	teristi	c Cod	es in th	he instruc	tions:	
	2E 2F 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	s from the List of Plan Ch	aract	eristic	Code	s in the	e instructi	ons:	
Pa	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а		ıtions withir	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fic	luciary Correction							
	Program)	•••••		10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x				
				10c		х				
С	· · · · · · · · · · · · · · · · · · ·			104		х				
	by fraud or dishonesty?			10d		^				
•	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.)	ne or all of t	the benefits under	10e		x				
f				10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	nd.)	10g		х				
_	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	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	he required	notice or one of the	10i						

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Par	t VI	Pension Funding Compliance					
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an 5500 and line 11a below)				☐ Yes	X No
_118	Enter t	he 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				☐ Yes	X No
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	inatruations	and onto	or the data	of the lette	r rulina
а		iver of the minimum funding standard for a prior year is being amortized in this plan year, see in the waiver		, and ente Da		Year	rruing
lf y		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			., <u> </u>		
b	Enter t	he minimum required contribution for this plan year	••••••	12b			
С	Enter t	he amount contributed by the employer to the plan for the 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 amount)		12d			
_ е	Will the	e minimum funding amount reported on line 12d be met by the funding deadline?	•••••		Yes _	No X	N/A
Par	t VII	Plan Terminanations and Transfers of Assets					
13a	Has a	resolution to terminate the plan been adopted in any plan year?	•••••	. [X Yes	☐ No	
	If "Yes	enter the amount of any plan assets that reverted to the employer this year	•••••	. 13a			0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro	•		X	res 🗌	No
С	If, durir	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide					
_		assets or liabilities were transferred. (See instructions.) ame of plan(s):	120(2)	EIN(s)		13c(3) F	DNI(c)
	30(1) 142	tine of plan(s).	130(2)	LIN(S)		130(3)	14(5)
Par	t VIII	Trust Information					
	t VIII a Name			14b	Trust's Ell	N	
				14b	Trust's Ell	N	
14	Name	of trust					c
14	Name			14d		r custodian'	's
14	Name	of trust		14d	Trustee o	r custodian'	s
14	Name	of trust		14d	Trustee o	r custodian'	's
146	Name	of trust of trustee or custodian		14d	Trustee o	r custodian'	s
14a	Name Name Name Name Name Name Name Name	of trustee or custodian IRS Compliance Questions Dian a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-b	Trustee of telephone	r custodian' number No "Prio	's r year" ADP
14a	Name Name Name Name Name Name Name Name	of trust of trustee or custodian IRS Compliance Questions olan a 401(k) plan? If "No," skip b.		Yes Design-ts safe harb	Trustee or telephone	r custodian' number No "Prio test	r year" ADP
14a	Name Name Name Name Name Name Name Name	of trustee or custodian IRS Compliance Questions Dian a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-b	Trustee or telephone	r custodian' number No "Prio	r year" ADP
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146 146 156 156	Name Name Name Name Name Name Name Name	of trustee or custodian IRS Compliance Questions Dian a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	n	Yes Design-base hart "Current ADP test Ratio	Trustee of telephone	r custodian' number No "Prio test N/A Average	r year" ADP
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