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.

1210-0089

2016

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I Annua	I Report Identification Information	on		
		1/2016 and ending	12/31/2016	
A This return/report		a multiple-employer plan (not multiemploye list of participating employer information in		
	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 return/report (less than 12	months)	
C Check box if filing	under: X Form 5558	automatic extension	DFVC program	
	special extension (enter de	escription)		
Part II Basic	Plan Information—enter all requested	I information		
1a Name of plan		DUOT	1b Three-digit	
FRANK J SIERRA DML	D PA 401(K) PROFIT SHARING PLAN & T	RUS1	plan number (PN) ▶	001
			1c Effective date of	of plan
				1/1999
•	ame (employer, if for a single-employer plan	,	2b Employer Ident	
	include room, apt., suite no. and street, or le or province, country, and ZIP or foreign p		(=)	3408479
FRANK J SIERRA DMD	1 / //	,	2c Sponsor's telep 813-88	
0000 MEMORIAL LUQU	INVAV. CUITE 404		2d Business code	(see instructions)
6323 MEMORIAL HIGH TAMPA, FL 33615	IWAY, SUITE 131		6212	210
3a Plan administrato	r's name and address 🛛 Same as Plan S	ponsor.	3b Administrator's	EIN
			3c Administrator's	telephone number
			7.10	тогорионо паниос
	or EIN of the plan sponsor has changed sin the plan number from the last return/report.	ce the last return/report filed for this plan, enter the	4b EIN	
a Sponsor's name			4c PN	
5a Total number of	participants at the beginning of the plan yea	ar	. 5a	19
b Total number of	participants at the end of the plan year		. 5b	18
	•	of the plan year (only defined contribution plans	5c	18
		e plan year		16
		year	- 1/0)	14
e Number of partic	cipants that terminated employment during	the plan year with accrued benefits that were less	5e	(
Caution: A penalty for	or the late or incomplete filing of this ret	urn/report will be assessed unless reasonable	cause is established.	
SB or Schedule MB c	ompleted and signed by an enrolled actuar	tructions, I declare that I have examined this return y, as well as the electronic version of this return/rep		
belief, it is true, correct SIGN Filed with	authorized/valid electronic signature.	10/12/2017 FRANK J. SIERRA,	DMD	
. Carcaix				

Date

Dat<u>e</u>

Signature of plan administrator

Signature of employer/plan sponsor

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

HERE

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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6a Were all of the plan's assets during the plan year invested in eligi	ble assets?	(See instructions.)						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 If you answered "No" to either line 6a or line 6b, the plan can	and condit	ions.)						X Yes	S No
c If the plan is a defined benefit plan, is it covered under the PBGC						-	No	Not dete	ermined
Part III Financial Information				-					
7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End o	of Year	
a Total plan assets	7a		513020				(,	590443	3
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c		513020)				590443	3
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) To	otal	
a Contributions received or receivable from:			15891						
(1) Employers	8a(1)								
(2) Participants	8a(2)		27585						
(3) Others (including rollovers)	8a(3)		35271						
b Other income (loss)	8b		33271					7074	7
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							78747	<u>/</u>
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1324						
e Certain deemed and/or corrective distributions (see instructions).	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1324	4
i Net income (loss) (subtract line 8h from line 8c)	8i							77423	3
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics	٠,	I							
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	n feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
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 contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					60000
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		X				
• Were any fees or commissions paid to any brokers, agents, or or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e	X					4057
f Has the plan failed to provide any benefit when due under the pl	an?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount	-		10g	X					21719
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 exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	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			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," 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 broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(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 custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

1 without the	ention committy corporation	▶ Complete all entries in	accordance with the inst	ructions to the Form !	500-SF.	unnic mahactinii
Part I	Annual Report	Identification Information	1			
For calen	dar plan year 2016 or f	scal plan year beginning	01/01/2016	and ending		1/2016
A This re	eturn/report is for:	X a single-entployer plan	a multiple-employer pl	an (not multiemployer) iployer information in a	(Filers checki	ng this box must attach a the form instructions.)
		a one-participant plan	a foreign plan			,
B This re	tum/report is	the first return/report	the final return/report			
C Charle	box if filing under:	an amended return/report	a short plan year return	n/report (less than 12 n	nonths)	
○ Oneck	box if ming under:	X Form 5558 special extension (enter desc	automatic extension		DFVC pr	gram
Part II	Basic Plan Info	ormation—enter all requested in				
1a Name		Titlation of the legislature	tormation		1b Three	elia la
	,	A 401(K) PROFIT SHAR	ING PLAN & TRUST		plan n (PN)	umber 001
						ve date of plan 1/1999
Mailin	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C				ver Identification Number 9-3408479
	r town, state or provinc J SIERRA DMD 1	e, country, and ZIP or foreign post PA	tal code (if foreign, see Instr	uctions)	2c Spons	sor's telephone number
6323 M	EMORIAL HIGHWA	AY, SOITE 131			2d Busine	ess code (see instructions)
TAMPA		FL 33615			62121	o l
	administrator's name a	nd address Same as Plan Spo	nsor.		3b Admin	istrator's EIN
					2	strator's telephone number
name	, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN	
a Spons	sor's name				4c PN	
5a Total	number of participants	at the beginning of the plan year			5a	19
b Total	number of participants	at the end of the plan year	***************************************	***************************************	5b	18
		account balances as of the end of			5c	18
d(1) Tol	tal number of active pa	rticipants at the beginning of the pl	an year	***************************************	5d(1)	16
d(2) Tol	tal number of active pa	rticipants at the end of the plan year	ar		5d(2)	14
e Numi	ber of participants that	terminated employment during the	plan year with accrued ber	nefits that were less	5e	0
Caution:	A penalty for the late	or incomplete filing of this return	n/report will be assessed	uniess reasonable ca		
SB or Sch		ner penalties set forth in the instructed signed by an enrolled actuary, a plete.				
SIGN		1/11/	1 1	Frank J. Sier	ra, DMD	X
HERE	Signature of man a	dministrator	Date /0/12/17	Enter name of individ	ual signing as	plan administrator
SIGN			17.7.	Frank J. Sier		
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual signing as	employer or plan sponsor
Preparer's		ame, if applicable) and address (ir				elephone number
For Papery	ork Reduction Act Notic	e, see the Instructions for Form 5500	-SF.			Form 5500-SF (2016)

C If the plan is a defined benefit plan, is it covered under the PB	oo madrance pro	agram (ove Enterta	ientio)(, , ,	☐ No ☐ Not de	
Part III Financial Information								-
7 Plan Assets and Liabilities	(i) (i) (ii)	(a) Beginning	of Yea	r		i i	b) End of Year	
a Total plan assets	7a		513,	_				590,44
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c		513,	020				590,44
Income, Expenses, and Transfers for this Plan Year		(а) Аттош	nt				(b) Total	
a Contributions received or receivable from: (1) Employers	8a(1)		15,	891				
(2) Participants	Ba(2)	4	27,	585	178			
(3) Others (including rollovers).	8a(3)					100		
b Other income (loss)	8b		35,	271			Town 1	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				100				78,74
d Benefits paid (including direct rollovers and insurance premiun to provide benefits)	ns 8d		1,	324				
 Certain deemed and/or corrective distributions (see instruction 	s) 8e							
f Administrative service providers (salaries, fees, commissions).	8f							1. L.
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			38				1,32
				_				
i Net income (loss) (subtract line 8h from line 8c)	81			0.000				
Net income (loss) (subtract line 8h from line 8c)	8i 8j slon feature code							
i Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pen 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare	8i 8j slon feature code							77,42
i Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pen 2E 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare velocity.	8i 8j slon feature code			acteris				
i Net income (loss) (subtract line 8h from line 8c)	sion feature code	s from the List of Pla						77,42
i Net income (loss) (subtract line 8h from line 8c)	sion feature codes are feature codes tributions within t	s from the List of Pla the time period uciary Correction	n Chan	acteris	ic Co	des in th	e instructions:	77,42
I Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) Part IV Plan Characteristics In If the plan provides pension benefits, enter the applicable pen 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfart V Compliance Questions During the plan year. Was there a failure to transmit to the plan any participant con	sion feature codes are feature codes tributions within t L's Voluntary Fide	the time period uciary Correction		acteris	ic Cod	des in th	e instructions:	77,42
I Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions). Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pen 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfart V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant condescribed in 29 CFR 2510.3-102? (See instructions and DOI Program) Were there any nonexempt transactions with any party-in-interior condescribed in 29 CFR 2510.3-102?	slon feature codes are feature codes tributions within t L's Voluntary Fiderest? (Do not income	s from the List of Pla the time period uciary Correction	n Chan	acteris	No X	des in th	e instructions:	77,42
I Net income (loss) (subtract line 8h from line 8c)	slon feature codes are feature codes tributions within t L's Voluntary Fiderest? (Do not income	the time period uciary Correction	10a 10b	acteris	No X	des in th	e instructions:	77,42
I Net income (loss) (subtract line 8h from line 8c)	slon feature codes are feature codes tributions within t L's Voluntary Fide an's fidelity bond or other persons t some or all of the	the time period uciary Correction	10a 10b	acteris	No X X	des in th	e instructions:	77,42
I Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions). Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pen 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfart V Compliance Questions During the plan year. Was there a failure to transmit to the plan any participant condescribed in 29 CFR 2510.3-102? (See instructions and DO Program). Were there any nonexempt transactions with any party-in-intereported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, of carrier, insurance service, or other organization that provides	slon feature codes are feature codes tributions within t L's Voluntary Fiderest? (Do not income an's fidelity bond or other persons to some or all of the	the time period uciary Correction clude transactions I, that was caused by an insurance e benefits under	10a 10b 10c	Yes	No X X	des in th	e instructions:	77,42
I Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions). Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pen 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfart V Compliance Questions During the plan year. Was there a failure to transmit to the plan any participant condescribed in 29 CFR 2510.3-102? (See instructions and DOI Program). Were there any nonexempt transactions with any party-in-intereported 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 by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides the plan? (See instructions.)	sion feature codes are feature codes tributions within t L's Voluntary Fide erest? (Do not income an's fidelity bond or other persons t some or all of the	the time period uciary Correction	10a 10b 10c 10d 10e 10f	Yes	No X X X	des in th	e instructions:	77,42
I Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions). Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pen 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfart V Compliance Questions During the plan year. I Was there a failure to transmit to the plan any participant condescribed in 29 CFR 2510.3-102? (See instructions and DO Program). Were there any nonexempt transactions with any party-in-intereported on line 10a.) Was the plan covered by a fidelity bond? Uid the plan have a loss, whether or not reimbursed by the plan failed or dishonesty? Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides the plan? (See instructions.)	slon feature codes are feature	the time period uciary Correction Lithat was caused by an insurance e benefits under d.)	10a 10b 10c 10d	Yes	No X X X	des in th	e instructions:	77,42

4.4	THE PROPERTY OF THE PROPERTY O						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod ERISA?	te or	eactio	n 302 n		To	es X
	(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 instru	uction	ns, and	d enter	the da	te of the lette	r rulina
_	granting the waiver	inth		Da		Year	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13				-		
В	Enter the minimum required contribution for this plan year		*******	12b	Щ		
c	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)	onen.		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	/II Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?				ΠY	es X N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	Т		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?	tund	er the	100		Yes X	No
С	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.)	the p	olan(s)	to	-		
1	3c(1) Name of plan(s):	-	30/21	EIN(s)	+	19.49	PN(s)
		-	100(2)	Cliv(s)	+-	130(3)	i Fix(a)
						1	
	VIII Trust Information				+		
art					4		
14a N	ame of trust			14b	rust's	EIN	
			- 1				
140	lame of trustee or custodian		-	444			
140	anid of tradition or contribution.					e's or custodi one number	an's
Part	IX IRS Compliance Questions						
15a i	s the plan a 401(k) plan? If "No," skip b	П					
	The province of the state of th		Yes			□ No	
15b i	dow did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Desig	n-basec	+	Prior ye	ar" ADP
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:		Desigi safe h	arbor			ar" ADP
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:		Desigi safe h "Curre	arbor nt year		Prior ye	ar" ADP
4	01(k)(3) for the plan year? Check all that apply:		Desigi safe h "Curre ADP ti	arbor Int year est		Prior ye	ar" ADP
16a ·	01(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Desigi safe h "Curre ADP ti Ratio	arbor Int yøar est		Prior yet test N/A Average	
16a ·	01(k)(3) for the plan year? Check all that apply:		Desigi safe h "Curre ADP ti Ratio	arbor Int year est		Prior yet test	
16a 1	01(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Design safe h "Curre ADP to Ratio perce	arbor Int yøar est		Prior yet test N/A Average	
16a 1 16b 1	O1(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules? If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op the letter and the serial number	inion	Design safe h "Curre ADP to Ratio perce test Yes	arbor ent year est ntage or advi	sory le	Prior yes test N/A Average benefit test No otter, enter the	N/
16a 116b 117a 117b	O1(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules? If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op	inion	Design safe h "Curre ADP to Ratio perce test Yes	arbor ent year est ntage or advi	sory le	Prior yes test N/A Average benefit test No otter, enter the	N/A
16a 116b 117a 117b 118 118 1	O1(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules? If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	oinion or the	Designate here and the control of th	arbor ent year est ntage or advi	sory le	Prior yes test N/A Average benefit test No otter, enter the	N/
16a 116b 117a 117b 118 118 1	O1(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?	oinion or the	Designate here and the control of th	arbor ent year est ntage or advi	sory le	Prior yet test N/A Average benefit test No otter, enter the cent determin	O da