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

2016

This Form is Open to **Public Inspection**

Part I		Identification Information						
For calend	ar plan year 2016 or f	iscal plan year beginning 01/01/3			2/31/2016			
Δ This rot	turn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac				
A IIIISTE	a one-participant plan a foreign plan					Tom manuchons.		
B This ret	urn/report is	the first return/report	the final return/repor					
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)			
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC program	n		
Dort II	Pacia Blan Infe	special extension (enter desc	· '					
Part II		ormation—enter all requested in	itormation		1b Three-digit			
1a Name PLANTATIO	N GOLF & COUNTRY	Y CLUB 401(K) PLAN			plan number			
					1c Effective da	ate of plan 01/01/2015		
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	D. Box)			dentification Number 65-0273104		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PLANTATION GOLF & COUNTRY CLUB, INC				2c Sponsor's	telephone number 1-497-1494			
				2d Business code (see instructions)				
500 ROCKLE VENICE, FL						713900		
3a Plan a	dministrator's name a	nd address X Same as Plan Spo	nsor.		3b Administrat	or's EIN		
					3C Administrat	tor's telephone number		
4 If the	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed	d for this plan, enter the	4b EIN			
	•	mber from the last return/report.			4c DN			
	or's name	and the decrease of the other con-			4c PN 5a	<u> </u>		
		s at the beginning of the plan year.			5b	72		
	 Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (only defined contribution plans 							
				pians	5c	30		
		articipants at the beginning of the p			5d(1)	79		
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	69		
than	100% vested	terminated employment during the			5e	4		
		or incomplete filing of this retur						
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.						
SIGN	Filed with authorized	/valid electronic signature.	09/26/2017	BARBARA J. CAMAR	ОТА			
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as pla	n administrator		
SIGN								
HERE	Signature of emplo		Date			ployer or plan sponsor		
Preparer's	name (including firm i	name, if applicable) and address (i	nclude room or suite num	ber)	Preparer's telep	hone number		
					Ĺ			

Form 5500-SF 2016 Page **2**

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								X Yes	No No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public ac under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)				·····				X Yes	s 📗 No
c	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					_	-		Not det	ermined
	rt III Financial Information	iodidiloo p	orogram (see Errio/r se	300011 4	021).	······ <u></u>	100	□.•• [CITIIIIO
7	Plan Assets and Liabilities		(a) Beginning	of Voor	. 1			(b) End c	of Voor	
<u>.</u>	Total plan assets	7a		475520				(b) Liiu c	47049	7
_	Total plan liabilities	7b		0)				()
	Net plan assets (subtract line 7b from line 7a)	7c		475520)				47049	7
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
	Contributions received or receivable from:		(2) 1 2					(3) 13		
	(1) Employers	8a(1)		2428						
	(2) Participants	8a(2)		81269						
	(3) Others (including rollovers)		0							
<u>b</u>	Other income (loss)	8b		38743						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							122440)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		121631						
	Certain deemed and/or corrective distributions (see instructions).	Ou)					
	Administrative service providers (salaries, fees, commissions)		8f 5832							
a	Other expenses		8g ⁰							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							12746	3
$\overline{}$	Net income (loss) (subtract line 8h from line 8c)								-5023	3
	Transfers to (from) the plan (see instructions)									
	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	ndes in	the instru	ıctions:	
	2E 2F 2G 2J 2K 2T 3D	routuro ot	odeo irom the blet of the	arr oria	raotorii		, acc 111	aro mour	20110110.	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instrud	ctions:	
Par	Part V Compliance Questions									
10	O During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary f	Fiduciary Correction	10a		X				
b	,	t? (Do not	include transactions	10b		X				
	Was the plan covered by a fidelity bond?			10c	Χ					75000
d		fidelity bo	ond, that was caused	10d		X				
е		ner persor ne or all of	ns by an insurance the benefits under	10e	Х					1707
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X					7645
h	2520.101-3.)	` 		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Page 3-	1	
Page 3 -	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				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		1			
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	

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

b Total number of participants at the end of the plan year
A This return/report is for:
B This return/report is the first return/report the final return/report filed for this plan, enter the final return/report
C Check box if filling under: Form 5558 automatic extension provides then 12 months) Part II Basic Plan Information—enter all requested information 1a Name of plan Plantation Golf & Country Club 401(k) Plan 1b Three-digit plan number (PN) 002 1c Effective date of plan 01/01/2015 2a Plan sponsor's name (employer, if for a single-employer plan) Olyo or lown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Plantation Golf & Country Club, Inc 2b Employer Identification Number (EIN) 65-0273104 2c Sponsor's telephone number (941) 497-1494 2d Business code (see instructions) 713900 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5a Total number of participants at the beginning of the plan year. 5b 7c C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).
C Check box if filling under:
Special extension (enter description) Part II
Part II Basic Plan Information—enter all requested information 1a Name of plan
1a Name of plan 1b Three-digit plan number (PN) ▶ 002 1c Effective date of plan number (PN) ▶ 002 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 65-0273104 2c Sponsor's telephone number (941) 497-1494 2d Business code (see instructions) 713900 500 Rockley Blvd. FL 34293 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number (941) 497-1494 3c Administrator's telephone number (941) 497-1494 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 4 Sponsor's name 5a Sponsor's name 5a Sponsor's name 5a Sponsor's name 5a Sponsor's name 5a Total number of participants at the beginning of the plan year 5b 72 C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 30
Plan tation Golf & Country Club 401 (k) Plan Country Club 401 (k) Plan
CPN O02 1c Effective date of plan 01/01/2015 Cliffective date of plan 01/01/2015 Cliffective date of plan 01/01/2015 Cliffective date of province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 65-0273104 Cliv or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Soponsor's telephone number (941) 497-1494 2d Business code (see instructions) 713900 Cliv or town, state or province FL 34293 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number Administrator's name and address Same as Plan Sponsor. 3c Administrator's telephone number Administrator's t
1c Effective date of plan 01/01/2015
Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Plantation Golf & Country Club, Inc 2c Sponsor's telephone number (941) 497-1494 2d Business code (see instructions)
Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Plantation Golf & Country Club, Inc CEIN) 65-0273104 2c Sponsor's telephone number (941) 497-1494 2d Business code (see instructions) 713900 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Plantation Golf & Country Club, Inc 2c Sponsor's telephone number (941) 497–1494 2d Business code (see instructions) 713900 Venice FL 34293 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year
Plantation Golf & Country Club, Inc 20 Sponsor's telephone number (941) 497–1494 21 Business code (see instructions) 713900 32 Plan administrator's name and address Same as Plan Sponsor. 33 Administrator's EIN 34 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4 PN 5 Total number of participants at the beginning of the plan year. 5 Description of participants at the end of the plan year. 5 Description of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).
Venice FL 34293 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year
Venice FL 34293 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year
Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a 81 b Total number of participants at the beginning of the plan year
Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a 81 b Total number of participants at the beginning of the plan year
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year
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name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year
a Sponsor's name4c PN5a Total number of participants at the beginning of the plan year5a81b Total number of participants at the end of the plan year5b72c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)5c30
5a81bTotal number of participants at the beginning of the plan year5a81bTotal number of participants at the end of the plan year5b72cNumber of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)5c36
b Total number of participants at the end of the plan year
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
complete this term
1.41
d(1) Total number of active participants at the beginning of the plan year5d(1)
d(2) Total number of active participants at the end of the plan year
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 5e
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
Under penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable, a Schedule
OD OF SCHOOLING COMPLETE AND SIGNED BY AN ENTROLLED ACTUARY, AS WELL AS THE EFECTION OF THIS PATHENDER AND TO THE BEST OF MY KNOWLEDGE AND
belief, it is true, coprect, and complete.
belief, it is true, correct, and complete,
belief, it is true, correct, and complete. SIGN Barbara J. Camarota HERE
belief, it is true, correct, and complete. SIGN Barbara J. Camarota HERE Signature of plan administrator Date 9.26-17 Enter name of individual signing as plan administrator
SIGN Barbara J. Camarota HERE Signature of plan administrator SIGN Barbara J. Camarota Enter name of individual signing as plan administrator Barbara J. Camarota Barbara J. Camarota
SIGN HERE Signature of plan administrator SIGN Barbara J. Camarota Barbara J. Camarota Enter name of individual signing as plan administrator Barbara J. Camarota Enter name of individual signing as employer or plan sponsor
SIGN Barbara J. Camarota HERE Signature of plan administrator SIGN Barbara J. Camarota Enter name of individual signing as plan administrator Barbara J. Camarota Barbara J. Camarota
SIGN HERE Signature of plan administrator SIGN Barbara J. Camarota Barbara J. Camarota Enter name of individual signing as plan administrator Barbara J. Camarota Enter name of individual signing as employer or plan sponsor
SIGN HERE Signature of plan administrator SIGN Barbara J. Camarota Barbara J. Camarota Enter name of individual signing as plan administrator Barbara J. Camarota Enter name of individual signing as employer or plan sponsor
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, in applicable, a schedule
The second of th
belief, it is true, correct, and complete.
belief, it is true, correct, and complete. SIGN Barbara J. Camarota
belief, it is true, correct, and complete. SIGN Barbara J. Camarota HERE
belief, it is true, coprect, and complete. SIGN Barbara J. Camarota HERE Signature of plan administrator Date 9.26-17 Enter name of individual signing as plan administrator
SIGN Barbara J. Camarota HERE Signature of plan administrator SIGN Barbara J. Camarota Enter name of individual signing as plan administrator Barbara J. Camarota Barbara J. Camarota

Form		

Page	2
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С	Were all of the plan's assets during the plan year invested in eligit 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 of the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi not use Fo	ndent qualified public a tions.) orm 5500-SF and mus	t inste	tant (IC	QPA) Form	n 5500.	X Yes No			
Pa	rt III Financial Information										
7	Plan Assets and Liabilities	Received.	(a) Beginning	of Year			(b) End of Year				
a	Total plan assets	. 7a		475,	520			470,497			
<u>b</u>	Total plan liabilities	. 7b			0			0			
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		475,	520			470,497			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		2,428							
	(2) Participants	8a(2)		81,							
	(3) Others (including rollovers)	8a(3)			0						
b	Other income (loss)	8b		38,	743						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			C 1000 y	122,4					
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	04		101 (01		122,71					
	Certain deemed and/or corrective distributions (see instructions)	8d	121,631								
***************************************	Administrative service providers (salaries, fees, commissions)	8e 8f	5,832								
g	Other expenses	<u> </u>	0,002								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h				ner Nahar		107 460			
	Net income (loss) (subtract line 8h from line 8c)	8i						127,463			
- i	Transfers to (from) the plan (see instructions)		0					-5,023			
Par	rt IV Plan Characteristics				0	241 Mar. (%)					
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f										
10	During the plan year:				Yes	No	N/A	Amount			
а		/oluntary F	iduciary Correction	10a		Х		Amount			
	reported on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х			75,000			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х					
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.)	ner person: ne or all of	s by an insurance the benefits under	10e	Χ			1,707			
f	Has the plan failed to provide any benefit when due under the pla			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g	Χ			7,645			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х					
İ	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							

Form	5500-SF	2016

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Page 3-	1		

Part	<u> </u>							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	comple	te Sch	edule S	В] Yes	☐ No
	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?	Code or	sectio	n 302 o		[Yes	⊠ No
	(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 in granting the waiver.	Month_	ns, an	d enter i Day		of the le		ing ——
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			<u> </u>			······	
<u>b</u>	Enter the minimum required contribution for this plan year			12b				······
	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)	left of a	3	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	∐ No		N/A
Part '	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?				Ye	s 🛛	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	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 N	0
С	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. (See instructions.)) to				
1	3c(1) Name of plan(s):		13c(2)	EIN(s)		13	c(3) PI	l(s)
	SOTIANE							
Part	VIII Trust Information			,				
14a 1	Name of trust			14b ⁻	Γrust's∃	EIN		
14c	Name of trustee or custodian			ı		's or cust ne numb		3
Part	IX IRS Compliance Questions			l .				
15a	s 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 l	n-based narbor		□ "Prio	r year"	ADP
			"Curre	ent year test	"	N/A		
16a	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	o entage		verage enefit tes	st _	N/A
16b	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		
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number	opinio	n lette	r or advi	sory let	ter, enter	r the da	ate of
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter	enter the	e date	of the m	ost rec	ent deter	rminatio	on
,	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 sep service?	arated	from	[] Ye	s [No		
	Nas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	6 [No		