Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit DAVID J SHERRICK DDS PC PROFIT SHARING PLAN plan number 001 (PN) • 1c Effective date of plan 10/01/1981 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 14-1620882 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number DAVID J SHERRICK DDS PC 518-792-6756 2d Business code (see instructions) 21 BAYWOOD DR 21 BAYWOOD DR 621210 **QUEENSBURY, NY 12804-5822 QUEENSBURY, NY 12804-5822 3a** Plan administrator's name and address |X| Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 3 5a Total number of participants at the beginning of the plan year 3 5b **b** 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 3 5c complete this item)..... 3 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 3 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 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

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

31314	Filed with authorized/valid electronic signature.	04/19/2018	DAVID J. SHERRICK				
HERE Signature of plan administrator Date Enter name of individual signing as plan administra							
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor			
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number							
ROBERT S	MCMILLEN			518-792-2117			

BARTLETT, PONTIFF, STEWART & RHODES

1 WASHINGTON ST

GLENS FALLS, NY 12801

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b	Were all of the plan's assets during the plan year invested in eligible. 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 cannot be a second to the plan cannot be a se	an indepe and condi	ndent qualified public a	account	ant (IC	QPA)			X Yes	No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	Not dete	rmined
	t III Financial Information	1	1							
_7	Plan Assets and Liabilities		(a) Beginning					(b) End		
	Total plan assets	7a		715987 0					716189	
	Total plan liabilities	7b						0		
	Net plan assets (subtract line 7b from line 7a)	7c		715987		716189				
	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(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	Other income (loss)	8b		202						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							202	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		O						
g	Other expenses	8g		0)					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							202	
j	Transfers to (from) the plan (see instructions)	8j		C						
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	uctions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \	Voluntary F	Fiduciary Correction			Х				
b		t? (Do not	include transactions	10a 10b		X				
c	reported on line 10a.)			10b	X					76000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i		X				

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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?					│	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 ⁻	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 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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information	146	and anding 00	/30/2017	
For calendar	plan year 2016 or fi	scal plan year beginning 10/01/20	a multiple-employer plan			s hox must attach a
△ This rate:	rn/report is for:	X a single-employer plan	list of participating empl	oyer information in ac	cordance with the	form instructions.)
A HISTORIA	питерот в ю.	a one-participant plan	a foreign plan			
B This retur	n/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return/r	eport (less than 12 mo	onths)	
C Check bo	ox if filing under:	Form 5558	automatic extension	ļ	DFVC progran	1
	D Di Iufe	special extension (enter descri				
Part II	·	ormation—enter all requested inf	oimation		1b Three-digit	
1a Name of DAVID J SHE	r pian RRICK DDS PC PR	OFIT SHARING PLAN			plan numbe (PN) ▶	er 001 .
					1c Effective da	ate of plan 10/01/1981
Mailing	address (include roc	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O	. Box)	#	2b Employer lo (EIN)	dentification Number 14-1620882
City or t	own, state or province RRICK DDS PC	ce, country, and ZIP or foreign post	al code (if foreign, see instru	ctions)	2c Sponsor's 518	telephone number 3-792-6756
					2d Business c	ode (see instructions)
21 BAYWOOL	DR Y, NY 12804-5822	21 BAYW QUEENSI	OOD DR BURY, NY 12804-5822		621	210
	,					
3a Plan ad	ministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administrat	or's EIN
					3c Administra	tor's telephone number
	*					
			the last return/report filed for	r this plan enter the	4b EIN	
4 If the name.	ame and/or EIN of th EIN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	the last retainmeport med to	the plan, other the		
a Sponso	r's name				4c PN	
		s at the beginning of the plan year			5a	
b Total n	umber of participant	s at the end of the plan year		. 1.25	5b	
C Numbe	r of participants with	account balances as of the end of	the plan year (only defined o	contribution plans	5c	
		articipants at the beginning of the p			5d(1)	
d(2) Tota	I number of active p	articipants at the end of the plan ye	ar		5d(2)	
e Numbe	er of participants tha	t terminated employment during the	e plan year with accrued ben	efits that were less	5e	^
		or incomplete filing of this retur	M/ranaet Will ha accassen I	intess reasonable ca	use is establish	ed.
Under pena SB or Sche	lties of perjury and o dule MB completed	other penaities set forth in the instru and signed by an enrolled actuary,				
	rue, correct, and cor	Muruch		DAVID 1	ShOAR	ick
SIGN HERE	Signature of plan		Date 4/9 18	Enter name of individ		
CICN		Phenuh		DAVIST	SheRRI	c/C
SIGN HERE	Simple of one	loverinian sponsor	Date 4/9-/8	* Enter name of indivi	dual signing as er	nployer or plan sponsor
Preparer's r	name (including firm	name, if applicable) and address (i	nclude room or suite numbe	r)	Preparer's tele	phone number 8-792-2117
ROBERTS	MCMILLEN PONTIFF, STEWAI					G . JE #
1 WASHING	TON ST	21 m 141144 = A				
	LS, NY 12801					

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 6a Were all of the plan's assets during the plan year invested in e b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligible If you answered "No" to either line 6a or line 6b, the plan of the plan is a defined benefit plan, is it covered under the PBC 	t of an indepen ility and conditi annot use For	dent qualified public ac ons.) m 5500-SF and must	countar instead	nt (IQF I use I	PA) Form (5500.		X Yes X Yes Not determ	No No ined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of	f Year			(k) End of	Year	
a Total plan assets	7a	7	15987					716189	
b Total plan liabilities			0					0	
C Net plan assets (subtract line 7b from line 7a)	1 1	7	15987					716189	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Tota	ıl	
a Contributions received or receivable from: (1) Employers	8a(1)		0		·;		4	·	
(2) Participants			0						
(3) Others (including rollovers)	1		0			·. · · ·	 	·	
b Other income (loss)	1 1		202					000	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							202	
d Benefits paid (including direct rollovers and insurance premiun to provide benefits)	ns 🕴		0						godinastrija.
e Certain deemed and/or corrective distributions (see instruction	s). 8e		0	+			- X		
f Administrative service providers (salaries, fees, commissions)	8f		0					*	
g Other expenses	8g			-			. 59	0	<u> </u>
h Total expenses (add lines 8d, 8e, 8f, and 8g)								202	
i Net income (loss) (subtract line 8h from line 8c)		*	0						
j Transfers to (from) the plan (see instructions)	8j				· · · ·		 -		
Part IV Plan Characteristics					tio Co	dog in	the instru	rtione:	
9a If the plan provides pension benefits, enter the applicable per 2E 2G									
b If the plan provides welfare benefits, enter the applicable welf	fare feature coo	les from the List of Plai	n Chara	cterist	ic Coc	ies in u	ne mstrac		
Part V Compliance Questions		···				Г Т			
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)	ors voluntary i	-Iduciary Correction	10a		Х				
Were there any nonexempt transactions with any party-in-in-reported on line 10a.)	terest? (Do not	include transactions	10b		Х				7000
C Was the plan covered by a fidelity bond?			10c	Х					76000
d Did the plan have a loss, whether or not reimbursed by the py fraud or dishonesty?	olan's fidelity bo	ond, that was caused	10d		Х			<u>-</u>	
Were any fees or commissions paid to any brokers, agents, carrier, insurance service, or other organization that provide the plan? (See instructions.)	or other persor s some or all o	ns by an insurance f the benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the	ne plan?		10f		1	<u> </u>			
Did the plan have any participant loans? (If "Yes," enter amo	ount as of year-	end.)	10g		×	ļ <u></u>			
h If this is an individual account plan, was there a blackout pe	riod? (See inst	ructions and 29 CFR	10h		Х				· · · · ·
i If 10h was answered "Yes," check the box if you either provexceptions to providing the notice applied under 29 CFR 25	ided the require	ed notice or one of the	10i		Х			<u>.</u>	

VI Pension Funding Compliance		0 1	OD			[7] N.	
(Form 5500) and line 11a below)			uie Sc	· · · · · · · · · · · · · · · · · · ·	. L Y €	s X No	
Estantha uppoid minimum required contributions for all years from Schedule SB (Form 5500) line 40.	<u></u>		11a				
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code of 2	ection.	302 of		Ye	s X No	
					<u> </u>		
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see it		s, and o	enter th Day	ne date	of the letter Year	ruling	
you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.						
Enter the minimum required contribution for this plan year			 -				
Enter the amount contributed by the employer to the plan for this plan year			120				
Outbrook the emount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	ne lett of a	- 1	12d			L NI/A	
Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No [N/A	
VII Plan Terminations and Transfers of Assets					.		
				∐ Ye	s X No)	
If "Yes" enter the amount of any plan assets that reverted to the employer this year			13a				
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broaders of the PRGC2	ought unde	er the			Yes X	No	
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide	entify the p	olan(s)	to	, <u>.</u>			
		13c(2)	EIN(s)	l(s) 13c(3) PN(s			
t VIII Trust Information			14b	Trust's	EIN		
Name of trust							
Name of trustee or custodian			14d			ian's	
et IX IPS Compliance Questions							
	ΙП	Yes			☐ No		
a Is the plan a 401(k) plan? If "No," skip b		Dasin	n_hase	-d	□ "Prior v	ear" ADP	
b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		safe i	narbor		∐ test .		
401(k)(3) for the plan year? Check all that apply.					∐ N/A		
What testing method was used to satisfy the coverage requirements under section 410(b) for the playear? Check all that apply:	an				Average benefit test	N/A	
b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a))(4) ?	Yes			No		
a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a lateralise		on lette	r or ad	visory	etter, enter t	ne date of	
the letter / / and the senar number b If the plan is an individually-designed plan that received a favorable determination letter from the IR	S, enter th	ne date	of the	most r	ecent determ	ination	
Defined Benefit Plan or Money Purchase Pension Plan Only: Defined Benefit Plan or Money Purchase Pension Plan Only:	t separateo		1_		☐ No		
service?service?			Y 🗍 .	'es	No		
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes." see instructions and (Form 5500) and line 11a below). Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?. If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ignanting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year. 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 regative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII. Plan Terminations and Transfers of Assets Has a resolution to terminate the plan ben adopted in any plan year? If 'Yes,' enter the amount of any plan assets that reverted to the employer this year	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete ("Form 5500) and line 11a below). Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40. Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a valver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Month you complete line 2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution 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 left of a negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Will the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und control of the PBGC? If, during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought und control of the PBGC? If will be plan assets that the plan seating the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: Will It Trust Information Name of trust esting method was used to satisfy the coverage requirements of sections 410(b) and 401(a)(4) Delto the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS ophic and the serial number If the plan is a master and prototype plan (M&P) or volume submitter plan that re	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schec (Form 5500) and line 11a below). Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40. Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12b below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver. Solution of the minimum required contribution for this plan year. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Enter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See Instructions.) 13c(1) Name of plan(s): Pow did the plan satisfy the nondisorimination requirements for employee deferrals under section 401(k) for the plan year? Check all that apply: A Deword of the plan satisfy the coverage and nondisorimination requirements of sections 410(b) for the plan year? Check all that apply: A Deword of the plan satisfy the coverage and nondisorimination requirements of sections 410(b) and 401(k) (a) (a) safe if the plan is a maker and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion lett	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SE (Form 5500) and line 11a below). Inter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40. Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. (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 instructions, and enter it granting the waiver. You completed line 12a, complete tines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the minimum required contribution for this plan year. Enter the minimum required contribution for this plan year. Enter the amount on line 12e from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) Will the minimum funding amount reported on line 12d be mot by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. If "Yes," enter the amount of any plan assets that reverted to the employer this year. If "Yes," enter the amount of any plan assets that reverted to the employer this year. If (Auting this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control of the PBGO; If (Auting this PBGO? If Yes, "skip b. A What testing method was used to satisfy the coverage requirements for employee deferrals under section A What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Delict the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) (17) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40. It a list bis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) It is awaiver of the minimum funding standard for a prior year is being annotized in this plan year, see instructions, and enter the date granting the waiver. (If Yes," complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Enter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d magnitum amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets If Yes," enter the amount of any plan assets that reverted to the employer this year. If Yes," enter the amount of any plan assets that reverted to the employer this year. If Yes," enter the amount of any plan assets in labelities were transferred from this plan to another plan, or brought under the control of the PIBC? If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to Will Trust Information Name of truster Name of truster or custodian It IS Compliance Questions It will be plan a satisfy the nondiscrimination requirements for employee deferrals under section 12 Design based as a dark that apply: Order of the plan a satisfy the coverage and nondisc	Is this a defined benefit plan subject to minimum Andring requirements? (If "Yes," see instructions and complete Schedule SB	