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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Report	t identification information							
For calend	lar plan year 2017 or f	fiscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017				
A This re	turn/report is for:	x a single-employer plan		olan (not multiemployer) (mployer information in ac	_				
		a one-participant plan	a foreign plan			ŕ			
B This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am			
	<u> </u>	special extension (enter desc	1 /						
Part II		ormation—enter all requested in	formation		4.				
1a Name GRINS AND	•	RIC DENTISTRY RETIREMENT SA	VINGS PLAN & TRUST		1b Three-dig plan num (PN) ▶				
						date of plan 01/01/2015			
		oyer, if for a single-employer plan)			2b Employer	Identification Number			
		om, apt., suite no. and street, or P.0 ace, country, and ZIP or foreign post		structions)	(EIN)	46-3595643			
•	GIGGLES PEDIATR				2c Sponsor's telephone number 352-316-7400				
					2d Business	code (see instructions)			
231 NW 137 JONESVILL						621210			
	_,								
3a Plan a	administrator's name a	and address X Same as Plan Spo	nsor.		3b Administr	ator's EIN			
					3c Administr	rator's telephone number			
					7 10111111011				
4 If the	nome and/or FINI of th	an plan appear or the plan name h	as shanged since the last	raturn/rapart filed for	4b EIN				
		ne plan sponsor or the plan name h onsor's name, EIN, the plan name a							
•	sor's name				4d PN				
C Plan N	Name								
5a Total	number of participant	s at the beginning of the plan year.			5a				
		s at the end of the plan year			5b	10			
		account balances as of the end of			5c	10			
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	8			
d(2) Tot	tal number of active p	articipants at the end of the plan ye	ar		5d(2)	9			
		o terminated employment during the			5e 0				
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	d unless reasonable cau					
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, a notete							
SIGN		d/valid electronic signature.	05/08/2018	ALISSA N. DRAGSTE	DT, D.M.D.				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pl	lan administrator			
SIGN		d/valid electronic signature.	05/08/2018	ALISSA N. DRAGSTE					
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	ual signing as e	mnlover or plan sponsor			

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 						_			
									etermined ructions.)	
Pa	rt III Financial Information	1	<u> </u>							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) E	nd of Year		
<u>a</u>	Total plan assets	. 7a	10	06353		182791				
<u>b</u>	Total plan liabilities	. 7b		0)	
С	Net plan assets (subtract line 7b from line 7a)	. 7c	10	06353				18279	1	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) Total		
а	Contributions received or receivable from: (1) Employers	. 8a(1)	:	29007						
	(2) Participants	. 8a(2)	2	25975						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	. 8b	2	21956						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						7693	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		0						
f	Administrative service providers (salaries, fees, commissions)	. 8f		0						
g	Other expenses	. 8g		500						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					500			
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i						7643	3	
j	Transfers to (from) the plan (see instructions)	8j		0						
Pa	t IV Plan Characteristics		•							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the	instructions:		
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 the ir	nstructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			3	0000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	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.)			10e		X				
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.)	10q		Χ				
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No			
11a	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 Code or section ERISA?	n 302 o	f 	Y	′es X No			
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
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 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)								
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 X N	0			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
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	No			
С	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.)) to						
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)			

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 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

2017

This Form is Open to Public Inspection

1	arti Annual Report	i identification information						
For	calendar plan year 2017 or fi	scal plan year beginning	01/01/2017	and ending	12/31	./2017		
Α	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.)							
Б	-	a one-participant plan	a foreign plan					
В	This return/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)			
С	Check box if filing under:	Form 5558	automatic extension		DF	VC program		
		special extension (enter desc	cription)					
P	art II Basic Plan Info	ormation enter all requested	I information	and structures that all				
1a	Name of plan Grins and Giggles	Pediatric Dentistry Ret	tirement Savings Pl	lan & Trust		number		
					1c Effective date of plan			
2a	Plan snonsor's name (emple	oyer, if for a single-employer plan)	1.152-3		1 2 2	01/2015		
Za	Mailing Address (include roo	om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos	O. Box) stal code (if foreign, see inst	ructions)	CONTRACTOR OF THE PROPERTY OF	loyer Identification Number 46-3595643		
	Grins and Giggles	Pediatric Dentistry				sor's telephone number 2) 316-7400		
						ness code (see instructions)		
354	231 NW 137th Drive				621	210		
	US Jonesville FL 32669							
3a	Plan administrator's name a	nd address 🕱 Same as Plan Sp	onsor		3b Admi	nistrator's EIN		
					3c Administrator's telephone number			
4		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN			
а	Sponsor's name	Managed Ser September 1982 1983 1984 1985 1985 1985 1985 1985 1985 1985 1985			4d PN			
	Plan Name				100,000 0 315			
 5a	Total number of participants	at the beginning of the plan year			5a	9		
b		at the end of the plan year			5b	10		
С		account balances as of the end of			5c	10		
d(1) Total number of active par	ticipants at the beginning of the pla	an year	***************************************	5d(1)	8		
d(2) Total number of active par	ticipants at the end of the plan yea	ar	***************************************	5d(2)	9		
е	1 11 1000/	terminated employment during the	* * * * * * * * * * * * * * * * * * *		5e	0		
Ca	ution: A penalty for the late	or incomplete filing of this retur	rn/report will be assessed	unless reasonable ca	use is estab	lished.		
Un	der penalties of perjury and o	ther penalties set forth in the instru and signed by an enrolled actuary,	uctions, I declare that I have	examined this return/re	port, includir	ng, if applicable, a Schedule		
S	IGN WISSE	MACHENOUT	5-8-2018	Alissa N. Drags	tedt, D.	M.D.		
5 77	ERE Signature of plan adm	inistrator	Date	Enter name of individu	al signing as	plan administrator		
	Hicca	Macatal	5-8-2018	Alissa N. Drags	NS DAVIN HIRETON			
	HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor							

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COUL	DOUU	-ог	2017

Page 2	
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Are you claiming a waiver of the namula examination and report of an independent qualified public accountant (ICPA) under 29 CPR 2200.104.467 (See instructions on waiver eligibility and conditions.) Yes No Not	6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions \				a Laborator (Laborator)		w Voo	
under 29 CFR 2500.104-467 (See instructions on valver eligibility and conditions) Hyou answerd "No" to either line & so I rine & Sh. the plan cannot use Form \$500.55 and must instead use Form \$500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그		1.7.7.					••••• <u>}</u>	x res	No
If you answered "No" to either line is an line 6b, the plan cannot use Form \$500-\$F and must instead use Form \$500-\$F. If the plan is a defined benefit plan, is It covered under the PBGC bromlum filing for this year	650									x Yes	Пио
Part III Financial Information PIGOC premium filing for this year (See Instructions.)		If you answered "No" to either line 6a or line 6b, the plan cannot	t use Forr	n 5500-SF and must ins	tead	use F	orm 5	500.	11.	DARCATIONES N	
Part III Financial Information (a) Beginning of Year (b) End of Year 7 106,353 182,791 106,353 106,353 106,353 106,353 106,353 106,353 106,353 106,353 106,353 106,353 106	С	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pr	ogram (see ERISA sectio	n 402	1)?		Yes	☐ No ☐	Not de	etermined
7 Plan Assets and Liabilities		If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emlum filing for this year					(Se	e instruc	tions.)
7 Plan Assets and Liabilities	Pa	art III Financial Information									
Total plan assets Total plan labilities Total labil	7			(a) Beginning o	f Yea	r	T	(b) End of	/ear	
D Total plan liabilities	а	Total plan assets	7a		0 0				,	915-A-16-3	791
C Net plan assets (subtract line 7b from line 7a)	b	The state of the s								102,	580
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Other (including rollovers) (3) Other (including rollovers) (4) Bad3) (5) Other income (loss) (6) Bad3) (7) Other income (loss) (8) Bad3) (8) Other income (loss) (8) Bad3) (8) Other income (loss) (8) Bad3) (9) Other income (loss) (8) Bad3) (1) Other expenses (lod lines 8d, 8e, 8f, and 8g) (1) Not income (loss) (subtract line 8h from line 8c) (1) Bad3) (1) Income (loss) (subtract line 8h from line 8c) (1) Bad3) (1) Income (loss) (subtract line 8h from line 8c) (1) Bad3) (1) Income (loss) (subtract line 8h from line 8c) (1) Bad3) (1) If the plan provides pension benefits, enter the applicable pension 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 Friduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) (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 Friduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) (10 During the plan year: a Was there a failure to transmit to the plan any participant to any participant to any participant to any participant to any participant			7c	1	06,3	53			-	182	
a Contributions received or receivable from: (1) Employers	8	Income, Expenses, and Transfers for this Plan Year							(b) Tota		,,,,
(2) Participants	а				allegant son	200000	8.3				
Sa(3) Others (including rollovers) Sa(3) O		***		***		_					
b Other income (loss)	-		8a(2)		25,9	75					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 76, 938 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0 e Certain deemed and/or corrective distributions (see instructions) 8d 0 g Other expenses 9500 8d 9500 9d 9500 9	-	Section 1 and 1 an	1000000								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)					21,9	56					
to provide benefits)			8c							76,	938
f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses	u	맞게 하고 있다고 있어요. # 1000 100 100 100 100 100 100 100 100	8d			0					
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	g	Other expenses	8g		5	00					
Transfers to (from) the plan (see instructions) 8j									A		500
Part IV Plan Characteristics	i	Net income (loss) (subtract line 8h from line 8c)	8i							76,	438
9a	j	Transfers to (from) the plan (see instructions)	8j			0					
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.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h x i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Pa	rt IV Plan Characteristics	, and the second								
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.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h x i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	9a	If the plan provides pension benefits, enter the applicable pension fea	ature code	s from the List of Plan Ch	naract	eristic	Code	s in the i	nstructions	:	
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.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the											
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.) i 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 feat	ure codes	from the List of Plan Cha	aracte	ristic	Codes	in the in	structions:		
During the plan year: 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) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? Under the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 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								***************************************			
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 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	Pa	rt V Compliance Questions		element of the control of the contro							
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10		75			Yes	No	N/A	An	ount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	THE SECOND STANDARD CONTROL OF SECOND SECOND SECOND STANDARD STANDARD SECOND SE									
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? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) The Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 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		Parameter and parameters and parameters are a parameters and parameters and parameters are a parameters and parameters and parameters are a parameters are a parameters are a parameters and parameters			40						
reported on line 10a.)					10a		Α		11.00		
C Was the plan covered by a fidelity bond?	D	reported on line 10a.)	(DO HOUR		10b		х				
by fraud or dishonesty?	С				10c	х				3	0,000
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?	d				10d		x				
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.) l If 10h was answered "Yes," check the box if you either provided the required notice or one of the	е	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			10e		x				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan	?		10f		х				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g		х				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h				10h		х				
	i	If 10h was answered "Yes," check the box if you either provided the	required	notice or one of the	10i						

Form	5500	SE	2017

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Par	t VI	Pension Funding Compliance						
11 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)							s X	No
11a	Enter t	he 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 Code or section 302 of ERISA?							s X	No
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		iver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction g the waiver	s, and	enter Da		f the lett Year .		-
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
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 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)								
е	Will the	e minimum funding amount reported on line 12d be met by the funding deadline?		Yes No N/A				
Par	t VII	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?	•••		Yes	X 1	No	
	If "Yes	" enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?			□ Y	es <u>x</u>	No	
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p assets or liabilities were transferred. (See instructions.)	an(s)	to		10.00		
1:	3c(1) Na	ame of plan(s):	2) EIN	(s)		13c(3) PN(s)	
							30-10	
		e e						