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

2016

This Form is Open to Public Inspection

Part I		t Identification Information							
For calend	dar plan year 2016 or	fiscal plan year beginning 12/01/2		<u></u>	1/30/2017				
A This re	eturn/report is for:	a single-employer plan		yer plan (not multiemployer) (Filers checking this box must a ng employer information in accordance with the form instruct					
		a one-participant plan	a foreign plan						
B This ret	turn/report is	the first return/report	the final return/repo						
•		an amended return/report	a short plan year re	eturn/report (less than 12 n	nonths)				
C Check	box if filing under:	Form 5558 special extension (enter desc	automatic extension	on	DFVC program				
Part II	Racic Plan Inf	ormation—enter all requested in	. /						
1a Name		Officiation—enter an requested in	IOIMAUON		1b Three-digit				
		IATES DEFINED BENEFIT PLAN			plan numbe	r			
					(PN) •	001			
					1c Effective da	te of plan 2/01/2013			
	' '	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)			entification Number 1-1655330			
	r town, state or provir	nce, country, and ZIP or foreign post IATES, INC.	al code (if foreign, see i	nstructions)	2c Sponsor's to	elephone number -483-5912			
						de (see instructions)			
4800 ROWA						21111			
NEW PORT	RICHEY, FL 34653								
3a Plan a	administrator's name	and address X Same as Plan Spo	nsor.		3b Administrato	or's EIN			
					3c Administrate	or's telephone number			
4 If the	name and/or EIN of t	he plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN				
name	e, EIN, and the plan n	umber from the last return/report.							
	sor's name	to at the beginning of the plan year			4c PN 5a				
_		ts at the beginning of the plan year. ts at the end of the plan year			5b				
C Numb	per of participants with	h account balances as of the end of	the plan year (only defin		5c	(
		participants at the beginning of the pl			5d(1)				
` '	•	participants at the end of the plan ye	•		5d(2)	(
e Num	ber of participants that	at terminated employment during the	e plan year with accrued	benefits that were less	5e	(
Caution:	A penalty for the late	e or incomplete filing of this return	n/report will be assess	sed unless reasonable ca	use is established	I.			
Under per SB or Sch	nalties of perjury and one dule MB completed	other penalties set forth in the instru- and signed by an enrolled actuary, a	ctions, I declare that I ha	ave examined this return/re	eport, including, if a	pplicable, a Schedule			
SIGN	Filed with authorized	npiete. d/valid electronic signature.	08/30/2018	SHODHAN PATEL					
HERE	Signature of plan	-	Date	Enter name of individ	dual signing as plan	administrator			
SIGN									
HERE		loyer/plan sponsor	Date			loyer or plan sponsor			
Preparer's	s name (including firm	name, if applicable) and address (in	nclude room or suite nui	mber)	Preparer's teleph	one number			

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	ccount	ant (IC	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann							□ □	U
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					_	-		t
	rt III Financial Information	•					1		_
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of Year	_
a	Total plan assets	7a		597083			•	817781	_
b	Total plan liabilities	7b		0)			0	
С	Net plan assets (subtract line 7b from line 7a)	7c		597083				817781	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) Total	
а	Contributions received or receivable from:	- 411		214360					
-	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					_
	(3) Others (including rollovers)	8a(3)		60372					_
	Other income (loss)	8b			-			274732	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						214132	
	to provide benefits)	8d		0					
e	Certain deemed and/or corrective distributions (see instructions).	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		54034					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						54034	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						220698	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		C)				
Pai	rt IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 1A 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instructions:	
Par	t 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X			C
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ			C
С	Was the plan covered by a fidelity bond?			10c	X			10000	00
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	Х			1577	71
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			0
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			0
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	he require	d notice or one of the	10i					

Form	5500	-SF	201	6

Page 3-	1
---------	---

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?							
	(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

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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

b Total number of participants at the end of the plan year	fiscal plan year beginning	12/1/2016	and ending	11/30/2017	
a one-participant plan a foreign a foreign plan a foreign plan a foreign a forei	a single-employer plan				
an amended return/report a short plan year return/report (less than 12 months)	a one-participant plan		yer information in accor	dance with the form i	nstructions)
an amended return/report a short plan year return/report (less than 12 months)	the first return/report	the final return/report			
Special extension (enter description) Part II Basic Plan Information—enter all requested information	an amended return/report	=	port (less than 12 mont	hs)	
Special extension (enter description) Part II Basic Plan Information—enter all requested information	☐ Form 5559	automatic extension		□ DEVC progra	m
Part II Basic Plan Information—enter all requested information a Name of plan Trinity Psychiatric Associates Defined Benefit Plan 1c Effective date of plan 12/1/2013 a 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) Trinity Psychiatric Associates, inc. 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) Trinity Psychiatric Associates, inc. Plan sponsor's telephone number Trinity Psychiatric Associates, inc. Plan sponsor's telephone number Trinity Psychiatric Associates, inc. Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4c PN a Total number of participants at the beginning of the plan year. 4c PN a Total number of participants at the end of the plan year. 5c Number of participants at the beginning of the plan year. 5c Number of participants at the beginning of the plan year. 5d(1) Total number of active participants at the beginning of the plan year. 5d(2) 6d(1) Total number of active participants at the end of the plan year. 5d(2) 6d(1) Total number of active participants at the end of the plan year. 5d(2) 6d(2) 6d(1) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 5d(2) 6d(2) 6d(2) 6d(2) 6d(3) 6d(=			☐ bi vo piogra	
a Name of plan rinrity Psychiatric Associates Defined Benefit Plan 10					
Plan number (PN) 1c Effective date of plan 12/1/2013 2c Effective date of plan	ormation—enter all requested i	HIOTHAUOTI	1	h Three-digit	
a Plan sponsor's name (employer, if for a single-employer plan) Malling 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) Tritity Psychiatric Associates, Inc. 20 Sponsor's telephone number 727-483-5912 21 Business code (see instructions) Rew Port Richey FL 621111 82 Plan administrator's name and address Same as Plan Sponsor. 33 Administrator's EIN 34 C Administrator's telephone number 35 Administrator's telephone number 36 Administrator's telephone number 37 Administrator's telephone number 36 Administrator's telephone number 37 Administrator's telephone number 38 Administrator's telephone number 49 EIN 40 EIN 40 EN 40 Total number of participants at the beginning of the plan year. 50 Total number of participants at the end of the plan year 40 Number of participants with account balances as of the end of the plan year 41 C Number of participants at the beginning of the plan year 42 Number of participants at the beginning of the plan year 43 C Number of participants at the beginning of the plan year 44 C Number of participants at the beginning of the plan year 55 D (1) Total number of active participants at the beginning of the plan year 56 (1) Total number of active participants at the beginning of the plan year 56 (2) Total number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 46 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 46 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 47 Number of participants at the end of the plan year. 48 Deliver of participants at the end of the plan year. 49 Deliver of participants at the end of the plan year. 50 Deliver of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	Defined Benefit Plan			plan number	001
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Rew Port Richey FL Boundary FL Boundary FL Boundary Boundar			1	The state of the s	olan
Trinity Psychiatric Associates, Inc. 22 Sponsor's stelephone number 727-483-5912 23 Business code (see instructions) 621111 35 Administrator's EIN 36 Administrator's EIN 37 Administrator's telephone number 621111 38 Administrator's telephone number 621111 49 EIN 40 FN 41 Total number of participants at the beginning of the plan year. 50 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 62 Total number of participants at the beginning of the plan year. 63 Total number of participants at the beginning of the plan year. 64 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 64 Total number of active participants at the beginning of the plan year. 65 C Number of participants at the end of the plan year. 66 Dotated number of participants at the end of the plan year. 67 Administrator's EIN 58 A A Sponsor's name 78 Administrator's telephone number of participants at the end of the plan year. 68 Sold(1) Sold(1) Sold(1) Sold(1) Sold(1) Sold(1) Sold(1) Sold(1) Sold(2) Sold(1) Sold(1) Sold(2) Sold(1) Sold(2) Sold(1) Sold(2) Sold(2) Sold(1) Sold(2) S	oom, apt., suite no. and street, or P.	O. Box)			
New Port Richey FL APIAN administrator's name and address 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 name, EIN, and the plan number from the last return/report. AS Sponsor's name Total number of participants at the beginning of the plan year. C 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 (defined benefit plans do not complete this item). (d(1) Total number of active participants at the beginning of the plan year. (d(2) Total number of active participants at the end of the plan year. (d(2) Total number of active participants at the end of the plan year. (a) EAU (b) EAU (c) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested. (a) EAU (a) EAU (b) EAU (c) EAU (c) EAU (d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested. (a) EAU (c) EAU (d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested. (a) EAU (d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested. (a) EAU (c) EAU (d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested. (a) EAU (d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested. (d(3) Total number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. (d(3) Total number of participants at the end of the plan year with accrued benefits that were less total than the plan year. (d(4) Total number of participants at the end of the plan year with accrued benefits that were le		tal code (if foreign, see instructi	ons) 2		
Administrator's name and address Same as Plan Sponsor. Same as Plan Sponsor. Same as Plan Sponsor.			2	d Business code (se	ee instructions)
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 a Total number of participants at the beginning of the plan year	FL			621111	
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 a Total number of participants at the beginning of the plan year	and address Same as Plan Spor	nsor.	3	b Administrator's El	N
a Total number of participants at the beginning of the plan year		e the last return/report filed for the	nis plan, enter the 4	b EIN	
a Total number of participants at the beginning of the plan year	umber from the last return/report.		4	c PN	
b Total number of participants at the end of the plan year	its at the beginning of the plan year				4
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year				5b	6
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. Saution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Inder 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 B 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 elief, it is true, correct, and complete. IGN ERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor	th account balances as of the end o	f the plan year (defined benefit p	olans do not	5c	
Pumber of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	participants at the beginning of the	plan year		id(1)	
than 100% vested	participants at the end of the plan y		E	-1/0)	(
aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Inder 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 B 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 elief, it is true, correct, and complete. IGN ERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor		ear		oa(2)	C
Signature of plan administrator Date Enter name of individual signing as plan administrator IGN ERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		ne plan year with accrued benefit	ts that were less	Tank and a second	(
Signature of plan administrator Date Enter name of individual signing as plan administrator	e or incomplete filing of this retu other penalties set forth in the instru and signed by an enrolled actuary,	ne plan year with accrued benefit rn/report will be assessed unluctions, I declare that I have exa	ess reasonable cause	5e is established.	ole, a Schedule
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	e or incomplete filing of this retu other penalties set forth in the instru and signed by an enrolled actuary,	ne plan year with accrued benefit rn/report will be assessed unluctions, I declare that I have exa	ess reasonable cause	5e is established.	ole, a Schedule
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	e or incomplete filing of this retu other penalties set forth in the instru and signed by an enrolled actuary, mplete.	rn/report will be assessed unluctions, I declare that I have exa as well as the electronic version	ess reasonable cause mined this return/report, ar	is established. i, including, if applical and to the best of my k	ole, a Schedule nowledge and
reparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	e or incomplete filing of this retu other penalties set forth in the instru and signed by an enrolled actuary, mplete.	rn/report will be assessed unluctions, I declare that I have exa as well as the electronic version	ess reasonable cause mined this return/report, ar	is established. i, including, if applical and to the best of my k	ole, a Schedule nowledge and
than 100% vested	t	the first return/report an amended return/report Form 5558 special extension (enter description—enter all requested in Defined Benefit Plan bloyer, if for a single-employer plan) bom, apt., suite no. and street, or P. nce, country, and ZIP or foreign positinc. FL and address Same as Plan Sport the plan sponsor has changed since number from the last return/report. ats at the beginning of the plan year	the first return/report the final return/report an amended return/report as short plan year return/report special extension (enter description) formation—enter all requested information Defined Benefit Plan Dioyer, if for a single-employer plan) soom, apt., suite no. and street, or P.O. Box) noce, country, and ZIP or foreign postal code (if foreign, see instruction) FL and address ✓ Same as Plan Sponsor.	a one-participant plan	a one-participant plan a foreign plan the first return/report the final return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC progra special extension (enter description) Formation—enter all requested information The three-digit plan number (PN) 1c Effective date of participan numbe

Page 2	
- 10	

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 lift the plan is a defined benefit plan, is it covered under the PBGC in	an independent and condition not use For	dent qualified public a ons.) m 5500-SF and mus	t inste	ant (IC	QPA) Form	າ 5500.		Yes No Yes No Not determined
Par	t III Financial Information								-
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End of	f Year
а	Total plan assets	7a		59	7083				817781
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c		59	7083				817781
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) Tot	tal
	Contributions received or receivable from:	0.40		04	1000				
	(1) Employers	8a(1)		214	1360		-	10 10 1	
	(2) Participants				0				
	(3) Others (including rollovers)	8a(3)		7920			-		
_	Other income (loss)			60	0372				-
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-				274732
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			0				
	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f			0		land)		
	Other expenses	8g		54	1034				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							54034
	Net income (loss) (subtract line 8h from line 8c)	. 8i			71.5				220698
j	Transfers to (from) the plan (see instructions)	8j			0		175		1 7 10 10
Par	t IV Plan Characteristics	-,							
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D								
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Char	acteris	tic Co	des in t	he instruc	tions:
Par					T.,	F	T I		
10	During the plan year:				Yes	No	N/A		Amount
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	/oluntary Fi	duciary Correction	10a		V			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		V			
С	Was the plan covered by a fidelity bond?			10c	V				100000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		V			
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	he benefits under	10e	V				1577
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		V			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-er	nd.)	10g		V			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		V			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i					

Form 5500-SF 2016

	Form 5500-SF 2016 Page	3-					
David	VI Paraian Funding Compliance						
Part			1.00		_		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instr (Form 5500) and line 11a below)					∐ Y	es 🗹 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 55	00) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section					Пү	es 🗸 No
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	•••••				Ц	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan						ruling
If	granting the waiver			Day		Year_	
	Enter the minimum required contribution for this plan year			12b			
				12c			
	Enter the amount contributed by the employer to the plan for this plan year			12d		-	
	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?				Yes	₽ No	1
	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 control of the PBGC?					Yes 🔽	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)	plan(s), iden	tify the plan(s) to			
-	13c(1) Name of plan(s):		13c(2)	(2) EIN(s) 13c(3) PN(s			
Part	VIII Trust Information					- 4	
14a	Name of trust		3	14b ⁻	Γrust's Elf	N	
14c	Name of trustee or custodian				rustee's delephone	or custodia number	an's
Par	t IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan? If "No," skip b.		Yes			No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under s 401(k)(3) for the plan year? Check all that apply:		☐ safe h	ent year		"Prior yea test N/A	ar" ADP
	What testing method was used to satisfy the coverage requirements under section 410(b) to year? Check all that apply:		Ratio	entage		erage efit test	□ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) are for the plan year by combining this plan with any other plan under the permissive aggregation		Yes			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a fathe letter and the serial number	avorable IRS	opinion letter	or advi	sory letter	r, enter the	date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from letter	m the IRS, e	enter the date	of the m	ost recen	t determin	ation
18	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 service?			Yes	;	No	
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior participant a 5% owner who had attained at least age 70 $\frac{1}{2}$	olan year?		Yes	;	No	