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

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).

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		t Identification Information							
For calend	ar plan year 2017 or	fiscal plan year beginning 12/01/2017		and ending 1	1/30/2018				
A This re	turn/report is for:	X a single-employer plan ☐	(Filers checking this box must attach a accordance with the form instructions.)						
		a one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	the final return/report						
an amended return/report a short plan year return/report (less than 12						nonths)			
C Check	box if filing under:	Form 5558	automatic extension	DFVC program					
		special extension (enter description	•						
Part II	Basic Plan Inf	ormation—enter all requested information	ation						
1a Name of plan DONALD G TRAXLER DMD PA PROFIT SHARING PLAN			1b Three-digit plan number (PN) ▶ 002						
					1c Effective date of plan 12/01/1981				
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)				2b Employer Identification Number (EIN) 64-0656684					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DONALD G TRAXLER DMD PA			2c Sponsor's telephone number 601-776-6630						
DONALD G	TRAXLER				2d Business	code (see instructions)			
PO BOX 159 303-A SOUTH ARCHUSA AVE QUITMAN, MS 39355-0159 QUITMAN, MS 39355			621210						
3a Plan a	dministrator's name a	and address X Same as Plan Sponsor.			3b Administra	ator's EIN			
					3c Administra	ator's telephone number			
4 If the	name and/or EIN of the	he plan sponsor or the plan name has ch	anged since the last re	eturn/report filed for	4b EIN				
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name				4d PN					
C Plan N					144				
5a Total	number of participant	ts at the beginning of the plan year			5a 5				
b Total number of participants at the end of the plan year				5b 5					
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)			5c						
d(1) Total number of active participants at the beginning of the plan year					5d(1)				
d(2) Total number of active participants at the end of the plan year			5d(2)						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			. 5e	0					
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.									
SIGN		ed/valid electronic signature.	05/14/2019	DONALD TRAXLER	LER				
HERE	Signature of plan	administrator	Date	Enter name of individ	vidual signing as plan administrator				

05/14/2019

Date

DONALD TRAXLER

Filed with authorized/valid electronic signature.

SIGN

HERE

Enter name of individual signing as employer 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.						No		
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year		
а	Total plan assets	7a	(32413			26493		
b	Total plan liabilities	7b		0		0			
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		32413		26493			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount		(b) Total			
a	Contributions received or receivable from: (1) Employers								
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)			15					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					15		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
	Administrative service providers (salaries, fees, commissions)	8e 8f							
g	Other expenses	8g		5935					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					5935		
i	Net income (loss) (subtract line 8h from line 8c)	8i				-5920			
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	cterist	ic Cod	les in the instructions:		
Par	Part V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	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)			10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X			
С	C Was the plan covered by a fidelity bond?			10c	Х		100000		
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		X	10000		
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	f Has the plan failed to provide any benefit when due under the plan?			10f		Χ			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		Χ			
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10g 10h		X			
i				10i		X			

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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 Sci (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	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette Year _	r ruling
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					
C Enter the amount contributed by the employer to the plan for this plan year					
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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?				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 X No		
	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	13c(1) Name of plan(s): 13c(2)			13c(3) PN(s)	