## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection** 

Part I		<u>t Identification Information</u>							
For calend	dar plan year 2018 or f	iscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018				
A This return/report is for:  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 one-participant plan	a foreign plan						
<b>b</b> This ret	turn/report is								
an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progr	ram			
		special extension (enter desc	· '						
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name ELEANOR	•	RETIREMENT PLAN & TRUST			<b>1b</b> Three-dig plan num (PN) ▶	·			
					1c Effective	date of plan 01/01/1989			
		oyer, if for a single-employer plan)	) Paul			r Identification Number			
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	(EIN)	64-0886603 's telephone number			
ELEANOR A	A. GILL, DMD, PC					662-895-4737			
7074 COOD	MAN ROAD				2d Business	code (see instructions)			
	NCH, MS 38654					621210			
3a Plan a	administrator's name a	and address Same as Plan Spo	nsor.		<b>3b</b> Administr	rator's EIN			
ELEANOR A	A. GILL, DMD, PC		ODMAN ROAD		64-0886603 <b>3c</b> Administrator's telephone number				
		OLIVE BI	RANCH, MS 38654			662-895-4737			
4 If the	name and/or EIN of th	ne plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN				
	olan, enter the plan spo sor's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN				
C Plan N									
<b>5a</b> Total	number of participants	s at the beginning of the plan year.			. 5a	9			
		s at the end of the plan year			. 5b	4			
		account balances as of the end of			5c	4			
<b>d(1)</b> Tot	tal number of active pa	articipants at the beginning of the p	an year		5d(1)	2			
` '	·	articipants at the end of the plan ye			5d(2)	2			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						<b>5e</b> 0			
		or incomplete filing of this retur							
SB or Sch		ther penalties set forth in the instru and signed by an enrolled actuary, a polete.							
SIGN		d/valid electronic signature.	10/04/2019	PETE THOMAS					
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as p	lan administrator			
SIGN									
HERE	Signature of employer/plan sponsor Date			Enter name of individ	lual signing as e	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.)							X Yes ☐ No X Yes ☐ No
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	<b>ot use Fo</b> nsurance p	rm 5500-SF and mus	t instea ection 4	ad use 021)?	Form	5500. Yes No	Not determined . (See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year
<u>a</u>	Total plan assets	7a	14	47296				1005795
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	14	47296				1005795
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) <sup>7</sup>	otal
а	Contributions received or receivable from:  (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		45725				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-45725
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3	88408				
е	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		7368				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						395776
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-441501
j	Transfers to (from) the plan (see instructions)	8j						
Pai	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the ins	ructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in the instr	uctions:
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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X		
	Was the plan covered by a fidelity bond?			10c	Х			250000
d	, , ,	fidelity bo	nd, that was caused	10d		X		230000
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g			•	10g	Χ			0
	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 Schedule SB (Form 5500) and line 11a below)								
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
12	:	Y	es X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	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	d enter t Day		of the lette Year _	r ruling			
lf :	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)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A			
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	o			
	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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)			

## 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.

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	1							
For calend	lar plan year 2018 or t	fiscal plan year beginning	01/01/2018	and ending	12/	31/2018				
A This re	A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attack  list of participating employer information in accordance with the form instructions									
R This rot	urn/report is	a one-participant plan	a foreign plan							
D IIIIs iet	um/report is	the first return/report	the final return/report							
		an amended return/report a short plan year return/report (less than 12 months)								
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	program				
		special extension (enter desc								
Part II		ormation—enter all requested in	nformation							
1a Name Elea		D.M.D, P.C. Retireme	ent Plan & Trust		<b>1b</b> Thre plan (PN)	number				
						ctive date of plan /01/1989				
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0				loyer Identification Number ) 64-0886603				
	rtown, state or provin anor A. Gill,	ce, country, and ZIP or foreign posing DMD, PC	tal code (if foreign, see instr	ructions)	2c Spor	nsor's telephone number				
7271	Goodman Roa	d				ness code (see instructions)				
Oliv	ve Branch	MS 386.	54		621	.210				
3a Plan a	idministrator's name a	and address Same as Plan Spo	nsor.	***	3b Adm	inistrator's EIN				
Eleanor A. Gill, DMD, PC				64-0886603						
7271	L Goodman Roa	d			3C Adm	inistrator's telephone number				
7271	doddiian noa	<b>.</b>	6							
Oliv	ve Branch	MS 38654		7	662	-895-4737				
		ne plan sponsor or the plan name h onsor's name, EIN, the plan name a			4b EIN					
	or's name	The state of the s	and the plan hamber hom t	io last rotalimoport.	4d PN					
C Plan N	lame									
Fo Tatal					5a	9				
		s at the beginning of the plan year.			5b	4				
		s at the end of the plan year account balances as of the end of				7				
comp	lete this item)				5c	4				
		articipants at the beginning of the p		1	5d(1)	2				
		articipants at the end of the plan ye o terminated employment during the			5d(2)					
than	100% vested	•••••			5e	0				
Under pena SB or Sche	alties of perjury and o edule MB completed a	or incomplete filing of this retur ther penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have	examined this return/rep	port, includi	ing, if applicable, a Schedule				
SIGN	true, correct, and com	MW-	10:4,19	Pete Thomas						
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing	as plan administrator				
SIGN	COONINI	aku	117.819	Pete Thomas	ICAN	AV (=11				
HERE	Signature of empl	oyer/plan sponsor	Date		lividual signing as employer or plan spons					

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c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	<ul> <li>Were all of the plan's assets during the plan year invested in 6</li> <li>Are you claiming a waiver of the annual examination and repounder 29 CFR 2520.104-46? (See instructions on waiver eligible lf you answered "No" to either line 6a or line 6b, the plan of</li> </ul>	rt of an independ pility and condition	lent qualified public a	ccount	ant (IC	QPA)		X Yes	No No
7   Plan Assets and Liabilities							l-d		
a Total plan assets	Part III Financial Information								-
b Total plan liabilities	7 Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
c Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a	1,	447,	296			1,005,	795
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers)	<b>b</b> Total plan liabilities	7b							
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	C Net plan assets (subtract line 7b from line 7a)	7с	1,	447,	296			1,005,	795
(1) Employers	8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) ·	Γotal	
(3) Other (including rollovers)	The property of the second control of the se	8a(1)							
b Other income (loss)	(2) Participants	8a(2)							E HAVE
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<b>b</b> Other income (loss)	8b		-45,	725				
to provide benefits)	C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-45,	725
f Administrative service providers (salaries, fees, commissions)				388,	408				
g Other expenses (add lines 8d, 8e, 8f, and 8g)	e Certain deemed and/or corrective distributions (see instruction	s) 8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       395,776         i Net income (loss) (subtract line 8h from line 8c)       8i       -441,500         j Transfers to (from) the plan (see instructions)       8j       -441,500         Part IV       Plan Characteristics       9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2a ≥B ≥J ≥K 3D       ≥X 3D       Yes No       Amount         Part V Compliance Questions         10       During the plan year:       Yes No       Amount         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)       Yes No       Amount         b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10a       X         c Was the plan covered by a fidelity bond?       10c       X       250,000         d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       X       250,000         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).       10f	f Administrative service providers (salaries, fees, commissions).	8f		7,	368				
i Net income (loss) (subtract line 8h from line 8c) 8i	g Other expenses	8g							
Transfers to (from) the plan (see instructions)	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						395,	776
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2A 2E 2J 2K 3D  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.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	i Net income (loss) (subtract line 8h from line 8c)	8i						-441,	501
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:   2A 2E 2J 2K 3D	j Transfers to (from) the plan (see instructions)	8j							
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)	Part IV Plan Characteristics								
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  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the		sion feature code	es from the List of Pla	an Cha	racteri	stic Code:	s in the ins	tructions:	
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.)  10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<b>b</b> If the plan provides welfare benefits, enter the applicable welfa	are feature code	s from the List of Plan	n Chara	acteris	tic Codes	in the instr	uctions:	
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)	Part V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10 During the plan year:				Yes	No		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	described in 29 CFR 2510.3-102? (See instructions and DO	L's Voluntary Fid	uciary Correction	10a		х			
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.)	<b>b</b> Were there any nonexempt transactions with any party-in-inte	erest? (Do not in	clude transactions			Х			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	C Was the plan covered by a fidelity bond?			10c	Х			250,	000
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.)						Х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	e Were any fees or commissions paid to any brokers, agents, of carrier, insurance service, or other organization that provides	or other persons some or all of th	by an insurance e benefits under	10e		х		413.5	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f Has the plan failed to provide any benefit when due under the	e plan?		10f		Х			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the				-	Х				0
	2520.101-3.)			10h		Х	and the same of th		
				10i					

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<b>.</b>	VI D						
Part						-	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see (Form 5500) and line 11a below)					Ye	s No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Fo	m 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of set ERISA?				f	. Ye	s 🛭 No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this granting the waiver.			d enter		of the letter r Year	uling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)	, and skip to lin	e 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 negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadlin	e?			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	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 and control of the PBGC?				[	Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred.	other plan(s), ide	ntify the plan(s	) to		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
1	I3c(1) Name of plan(s):		13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)