

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  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).  <b>► Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089  <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2022</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
<b>A</b>	This return/report is for: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
<b>B</b>	This return/report is <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b>	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)
<b>D</b>	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . <input type="checkbox"/>

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information							
<b>1a</b>	Name of plan <u>SILVESTRI &amp; COMFORT FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>1b</b></td> <td>Three-digit plan number (PN) ► <u>003</u></td> </tr> <tr> <td><b>1c</b></td> <td>Effective date of plan <u>01/01/2005</u></td> </tr> </table>	<b>1b</b>	Three-digit plan number (PN) ► <u>003</u>	<b>1c</b>	Effective date of plan <u>01/01/2005</u>		
<b>1b</b>	Three-digit plan number (PN) ► <u>003</u>							
<b>1c</b>	Effective date of plan <u>01/01/2005</u>							
<b>2a</b>	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) <u>SILVESTRI &amp; COMFORT DENTAL PRACTICE, PLLC</u> <u>DBA SILVESTRI &amp; COMFORT FAMILY DENTISTRY</u>  <u>501 PLAZA DRIVE</u> <u>VESTAL, NY 13850</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>2b</b></td> <td>Employer Identification Number (EIN) <u>45-5638297</u></td> </tr> <tr> <td><b>2c</b></td> <td>Sponsor's telephone number <u>607-797-5932</u></td> </tr> <tr> <td><b>2d</b></td> <td>Business code (see instructions) <u>621210</u></td> </tr> </table>	<b>2b</b>	Employer Identification Number (EIN) <u>45-5638297</u>	<b>2c</b>	Sponsor's telephone number <u>607-797-5932</u>	<b>2d</b>	Business code (see instructions) <u>621210</u>
<b>2b</b>	Employer Identification Number (EIN) <u>45-5638297</u>							
<b>2c</b>	Sponsor's telephone number <u>607-797-5932</u>							
<b>2d</b>	Business code (see instructions) <u>621210</u>							
<b>3a</b>	Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>3b</b></td> <td>Administrator's EIN</td> </tr> <tr> <td><b>3c</b></td> <td>Administrator's telephone number</td> </tr> </table>	<b>3b</b>	Administrator's EIN	<b>3c</b>	Administrator's telephone number		
<b>3b</b>	Administrator's EIN							
<b>3c</b>	Administrator's telephone number							
<b>4</b>	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name <b>c</b> Plan Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>4b</b></td> <td>EIN</td> </tr> <tr> <td><b>4d</b></td> <td>PN</td> </tr> </table>	<b>4b</b>	EIN	<b>4d</b>	PN		
<b>4b</b>	EIN							
<b>4d</b>	PN							
<b>5a</b>	Total number of participants at the beginning of the plan year.....	<b>5a</b> <u>21</u>						
<b>b</b>	Total number of participants at the end of the plan year .....	<b>5b</b> <u>20</u>						
<b>c</b>	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>5c</b> <u>20</u>						
<b>d(1)</b>	Total number of active participants at the beginning of the plan year .....	<b>5d(1)</b> <u>17</u>						
<b>d(2)</b>	Total number of active participants at the end of the plan year .....	<b>5d(2)</b> <u>16</u>						
<b>e</b>	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>5e</b> <u>1</u>						

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	08/22/2023	MARIO A. SILVESTRI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ Yes ☐ No
- b** 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.) ..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: ..... (See instructions.)

**Part III Financial Information**

<b>7 Plan Assets and Liabilities</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets.....	<b>7a</b>	4686177	4002330
<b>b</b> Total plan liabilities.....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a).....	<b>7c</b>	4686177	4002330
<b>8 Income, Expenses, and Transfers for this Plan Year</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers.....	<b>8a(1)</b>	188655	
<b>(2)</b> Participants.....	<b>8a(2)</b>	94239	
<b>(3)</b> Others (including rollovers).....	<b>8a(3)</b>		
<b>b</b> Other income (loss).....	<b>8b</b>	-910522	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	<b>8c</b>		-627628
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	<b>8d</b>	23686	
<b>e</b> Certain deemed and/or corrective distributions (see instructions).....	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions).....	<b>8f</b>	32533	
<b>g</b> Other expenses.....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....	<b>8h</b>		56219
<b>i</b> Net income (loss) (subtract line 8h from line 8c).....	<b>8i</b>		-683847
<b>j</b> Transfers to (from) the plan (see instructions).....	<b>8j</b>		

**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 2G 2J 2K 2T 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**

<b>10 During the plan year:</b>		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> 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>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond?.....	<b>10c</b>	X		400233
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....	<b>10d</b>		X	
<b>e</b> 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.).....	<b>10e</b>	X		2119
<b>f</b> Has the plan failed to provide any benefit when due under the plan?.....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	<b>10h</b>		X	
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	<b>10i</b>			

**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 lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☐ Yes ☒ No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a**

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..... ☐ Yes ☒ No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

**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. ....Month .....Day .....Year

**If 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**

**c** 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**

**e** 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

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 ☒ No

**c** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

**Form 5500-SF**Department of the Treasury  
Internal Revenue ServiceDepartment 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 4085 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**2022****This Form Is Open to  
Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022

and ending 12/31/2022

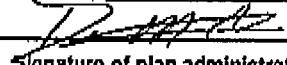
- A** This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report is ☐ the first return/report ☐ the final return/report  
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program  
☐ special extension (enter description)
- D** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan Silvestri & Comfort Family Dentistry 401(k) Profit Sharing Plan		<b>1b</b> Three-digit plan number (PN) ▶	003
		<b>1c</b> Effective date of plan 01/01/2005	
<b>2a</b> 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) Silvestri & Comfort Dental Practice, PLLC dba Silvestri & Comfort Family Dentistry  501 Plaza Drive Vestal, NY 13850		<b>2b</b> Employer Identification Number (EIN) 45-5638297	
		<b>2c</b> Sponsor's telephone number (607) 797-5932	
		<b>2d</b> Business code (see instructions) 621210	
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN	
		<b>4d</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year .....		<b>5a</b>	21
<b>b</b> Total number of participants at the end of the plan year .....		<b>5b</b>	20
<b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....		<b>5c</b>	20
<b>d(1)</b> Total number of active participants at the beginning of the plan year .....		<b>5d(1)</b>	17
<b>d(2)</b> Total number of active participants at the end of the plan year .....		<b>5d(2)</b>	16
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....		<b>5e</b>	1

**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.

<b>SIGN HERE</b>		01/22/2023	Mario A. Silvestri
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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- 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ Yes ☐ No
- b 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.) ..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
- c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year ..... (See instructions.)

**Part III Financial Information**

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets .....	7a	4686177	4002330
b Total plan liabilities .....	7b		
c Net plan assets (subtract line 7b from line 7a) .....	7c	4686177	4002330
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers .....	8a(1)	188655	
(2) Participants .....	8a(2)	94239	
(3) Others (including rollovers) .....	8a(3)		
b Other income (loss) .....	8b	-910522	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	8c		-627628
d Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	8d	23688	
e Certain deemed and/or corrective distributions (see instructions) ..	8e		
f Administrative service providers (salaries, fees, commissions) .....	8f	32533	
g Other expenses .....	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g) .....	8h		56219
i Net income (loss) (subtract line 8h from line 8c) .....	8i		-683847
j Transfers to (from) the plan (see instructions) .....	8j		

**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 2G 2J 2K 2T 3D

9b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  
1A 1B 1C 1D 1E 1F 1G 1H 1I 1J 1K 1L 1M 1N 1O 1P 1Q 1R 1S 1T 1U 1V 1W 1X 1Y 1Z 2A 2B 2C 2D 2E 2F 2G 2H 2I 2J 2K 2L 2M 2N 2O 2P 2Q 2R 2S 2T 2U 2V 2W 2X 2Y 2Z 3A 3B 3C 3D 3E 3F 3G 3H 3I 3J 3K 3L 3M 3N 3O 3P 3Q 3R 3S 3T 3U 3V 3W 3X 3Y 3Z 4A 4B 4C 4D 4E 4F 4G 4H 4I 4J 4K 4L 4M 4N 4O 4P 4Q 4R 4S 4T 4U 4V 4W 4X 4Y 4Z 5A 5B 5C 5D 5E 5F 5G 5H 5I 5J 5K 5L 5M 5N 5O 5P 5Q 5R 5S 5T 5U 5V 5W 5X 5Y 5Z 6A 6B 6C 6D 6E 6F 6G 6H 6I 6J 6K 6L 6M 6N 6O 6P 6Q 6R 6S 6T 6U 6V 6W 6X 6Y 6Z 7A 7B 7C 7D 7E 7F 7G 7H 7I 7J 7K 7L 7M 7N 7O 7P 7Q 7R 7S 7T 7U 7V 7W 7X 7Y 7Z 8A 8B 8C 8D 8E 8F 8G 8H 8I 8J 8K 8L 8M 8N 8O 8P 8Q 8R 8S 8T 8U 8V 8W 8X 8Y 8Z 9A 9B 9C 9D 9E 9F 9G 9H 9I 9J 9K 9L 9M 9N 9O 9P 9Q 9R 9S 9T 9U 9V 9W 9X 9Y 9Z 10A 10B 10C 10D 10E 10F 10G 10H 10I 10J 10K 10L 10M 10N 10O 10P 10Q 10R 10S 10T 10U 10V 10W 10X 10Y 10Z 11A 11B 11C 11D 11E 11F 11G 11H 11I 11J 11K 11L 11M 11N 11O 11P 11Q 11R 11S 11T 11U 11V 11W 11X 11Y 11Z 12A 12B 12C 12D 12E 12F 12G 12H 12I 12J 12K 12L 12M 12N 12O 12P 12Q 12R 12S 12T 12U 12V 12W 12X 12Y 12Z 13A 13B 13C 13D 13E 13F 13G 13H 13I 13J 13K 13L 13M 13N 13O 13P 13Q 13R 13S 13T 13U 13V 13W 13X 13Y 13Z 14A 14B 14C 14D 14E 14F 14G 14H 14I 14J 14K 14L 14M 14N 14O 14P 14Q 14R 14S 14T 14U 14V 14W 14X 14Y 14Z 15A 15B 15C 15D 15E 15F 15G 15H 15I 15J 15K 15L 15M 15N 15O 15P 15Q 15R 15S 15T 15U 15V 15W 15X 15Y 15Z 16A 16B 16C 16D 16E 16F 16G 16H 16I 16J 16K 16L 16M 16N 16O 16P 16Q 16R 16S 16T 16U 16V 16W 16X 16Y 16Z 17A 17B 17C 17D 17E 17F 17G 17H 17I 17J 17K 17L 17M 17N 17O 17P 17Q 17R 17S 17T 17U 17V 17W 17X 17Y 17Z 18A 18B 18C 18D 18E 18F 18G 18H 18I 18J 18K 18L 18M 18N 18O 18P 18Q 18R 18S 18T 18U 18V 18W 18X 18Y 18Z 19A 19B 19C 19D 19E 19F 19G 19H 19I 19J 19K 19L 19M 19N 19O 19P 19Q 19R 19S 19T 19U 19V 19W 19X 19Y 19Z 20A 20B 20C 20D 20E 20F 20G 20H 20I 20J 20K 20L 20M 20N 20O 20P 20Q 20R 20S 20T 20U 20V 20W 20X 20Y 20Z 21A 21B 21C 21D 21E 21F 21G 21H 21I 21J 21K 21L 21M 21N 21O 21P 21Q 21R 21S 21T 21U 21V 21W 21X 21Y 21Z 22A 22B 22C 22D 22E 22F 22G 22H 22I 22J 22K 22L 22M 22N 22O 22P 22Q 22R 22S 22T 22U 22V 22W 22X 22Y 22Z 23A 23B 23C 23D 23E 23F 23G 23H 23I 23J 23K 23L 23M 23N 23O 23P 23Q 23R 23S 23T 23U 23V 23W 23X 23Y 23Z 24A 24B 24C 24D 24E 24F 24G 24H 24I 24J 24K 24L 24M 24N 24O 24P 24Q 24R 24S 24T 24U 24V 24W 24X 24Y 24Z 25A 25B 25C 25D 25E 25F 25G 25H 25I 25J 25K 25L 25M 25N 25O 25P 25Q 25R 25S 25T 25U 25V 25W 25X 25Y 25Z 26A 26B 26C 26D 26E 26F 26G 26H 26I 26J 26K 26L 26M 26N 26O 26P 26Q 26R 26S 26T 26U 26V 26W 26X 26Y 26Z 27A 27B 27C 27D 27E 27F 27G 27H 27I 27J 27K 27L 27M 27N 27O 27P 27Q 27R 27S 27T 27U 27V 27W 27X 27Y 27Z 28A 28B 28C 28D 28E 28F 28G 28H 28I 28J 28K 28L 28M 28N 28O 28P 28Q 28R 28S 28T 28U 28V 28W 28X 28Y 28Z 29A 29B 29C 29D 29E 29F 29G 29H 29I 29J 29K 29L 29M 29N 29O 29P 29Q 29R 29S 29T 29U 29V 29W 29X 29Y 29Z 30A 30B 30C 30D 30E 30F 30G 30H 30I 30J 30K 30L 30M 30N 30O 30P 30Q 30R 30S 30T 30U 30V 30W 30X 30Y 30Z 31A 31B 31C 31D 31E 31F 31G 31H 31I 31J 31K 31L 31M 31N 31O 31P 31Q 31R 31S 31T 31U 31V 31W 31X 31Y 31Z 32A 32B 32C 32D 32E 32F 32G 32H 32I 32J 32K 32L 32M 32N 32O 32P 32Q 32R 32S 32T 32U 32V 32W 32X 32Y 32Z 33A 33B 33C 33D 33E 33F 33G 33H 33I 33J 33K 33L 33M 33N 33O 33P 33Q 33R 33S 33T 33U 33V 33W 33X 33Y 33Z 34A 34B 34C 34D 34E 34F 34G 34H 34I 34J 34K 34L 34M 34N 34O 34P 34Q 34R 34S 34T 34U 34V 34W 34X 34Y 34Z 35A 35B 35C 35D 35E 35F 35G 35H 35I 35J 35K 35L 35M 35N 35O 35P 35Q 35R 35S 35T 35U 35V 35W 35X 35Y 35Z 36A 36B 36C 36D 36E 36F 36G 36H 36I 36J 36K 36L 36M 36N 36O 36P 36Q 36R 36S 36T 36U 36V 36W 36X 36Y 36Z 37A 37B 37C 37D 37E 37F 37G 37H 37I 37J 37K 37L 37M 37N 37O 37P 37Q 37R 37S 37T 37U 37V 37W 37X 37Y 37Z 38A 38B 38C 38D 38E 38F 38G 38H 38I 38J 38K 38L 38M 38N 38O 38P 38Q 38R 38S 38T 38U 38V 38W 38X 38Y 38Z 39A 39B 39C 39D 39E 39F 39G 39H 39I 39J 39K 39L 39M 39N 39O 39P 39Q 39R 39S 39T 39U 39V 39W 39X 39Y 39Z 40A 40B 40C 40D 40E 40F 40G 40H 40I 40J 40K 40L 40M 40N 40O 40P 40Q 40R 40S 40T 40U 40V 40W 40X 40Y 40Z 41A 41B 41C 41D 41E 41F 41G 41H 41I 41J 41K 41L 41M 41N 41O 41P 41Q 41R 41S 41T 41U 41V 41W 41X 41Y 41Z 42A 42B 42C 42D 42E 42F 42G 42H 42I 42J 42K 42L 42M 42N 42O 42P 42Q 42R 42S 42T 42U 42V 42W 42X 42Y 42Z 43A 43B 43C 43D 43E 43F 43G 43H 43I 43J 43K 43L 43M 43N 43O 43P 43Q 43R 43S 43T 43U 43V 43W 43X 43Y 43Z 44A 44B 44C 44D 44E 44F 44G 44H 44I 44J 44K 44L 44M 44N 44O 44P 44Q 44R 44S 44T 44U 44V 44W 44X 44Y 44Z 45A 45B 45C 45D 45E 45F 45G 45H 45I 45J 45K 45L 45M 45N 45O 45P 45Q 45R 45S 45T 45U 45V 45W 45X 45Y 45Z 46A 46B 46C 46D 46E 46F 46G 46H 46I 46J 46K 46L 46M 46N 46O 46P 46Q 46R 46S 46T 46U 46V 46W 46X 46Y 46Z 47A 47B 47C 47D 47E 47F 47G 47H 47I 47J 47K 47L 47M 47N 47O 47P 47Q 47R 47S 47T 47U 47V 47W 47X 47Y 47Z 48A 48B 48C 48D 48E 48F 48G 48H 48I 48J 48K 48L 48M 48N 48O 48P 48Q 48R 48S 48T 48U 48V 48W 48X 48Y 48Z 49A 49B 49C 49D 49E 49F 49G 49H 49I 49J 49K 49L 49M 49N 49O 49P 49Q 49R 49S 49T 49U 49V 49W 49X 49Y 49Z 50A 50B 50C 50D 50E 50F 50G 50H 50I 50J 50K 50L 50M 50N 50O 50P 50Q 50R 50S 50T 50U 50V 50W 50X 50Y 50Z 51A 51B 51C 51D 51E 51F 51G 51H 51I 51J 51K 51L 51M 51N 51O 51P 51Q 51R 51S 51T 51U 51V 51W 51X 51Y 51Z 52A 52B 52C 52D 52E 52F 52G 52H 52I 52J 52K 52L 52M 52N 52O 52P 52Q 52R 52S 52T 52U 52V 52W 52X 52Y 52Z 53A 53B 53C 53D 53E 53F 53G 53H 53I 53J 53K 53L 53M 53N 53O 53P 53Q 53R 53S 53T 53U 53V 53W 53X 53Y 53Z 54A 54B 54C 54D 54E 54F 54G 54H 54I 54J 54K 54L 54M 54N 54O 54P 54Q 54R 54S 54T 54U 54V 54W 54X 54Y 54Z 55A 55B 55C 55D 55E 55F 55G 55H 55I 55J 55K 55L 55M 55N 55O 55P 55Q 55R 55S 55T 55U 55V 55W 55X 55Y 55Z 56A 56B 56C 56D 56E 56F 56G 56H 56I 56J 56K 56L 56M 56N 56O 56P 56Q 56R 56S 56T 56U 56V 56W 56X 56Y 56Z 57A 57B 57C 57D 57E 57F 57G 57H 57I 57J 57K 57L 57M 57N 57O 57P 57Q 57R 57S 57T 57U 57V 57W 57X 57Y 57Z 58A 58B 58C 58D 58E 58F 58G 58H 58I 58J 58K 58L 58M 58N 58O 58P 58Q 58R 58S 58T 58U 58V 58W 58X 58Y 58Z 59A 59B 59C 59D 59E 59F 59G 59H 59I 59J 59K 59L 59M 59N 59O 59P 59Q 59R 59S 59T 59U 59V 59W 59X 59Y 59Z 60A 60B 60C 60D 60E 60F 60G 60H 60I 60J 60K 60L 60M 60N 60O 60P 60Q 60R 60S 60T 60U 60V 60W 60X 60Y 60Z 61A 61B 61C 61D 61E 61F 61G 61H 61I 61J 61K 61L 61M 61N 61O 61P 61Q 61R 61S 61T 61U 61V 61W 61X 61Y 61Z 62A 62B 62C 62D 62E 62F 62G 62H 62I 62J 62K 62L 62M 62N 62O 62P 62Q 62R 62S 62T 62U 62V 62W 62X 62Y 62Z 63A 63B 63C 63D 63E 63F 63G 63H 63I 63J 63K 63L 63M 63N 63O 63P 63Q 63R 63S 63T 63U 63V 63W 63X 63Y 63Z 64A 64B 64C 64D 64E 64F 64G 64H 64I 64J 64K 64L 64M 64N 64O 64P 64Q 64R 64S 64T 64U 64V 64W 64X 64Y 64Z 65A 65B 65C 65D 65E 65F 65G 65H 65I 65J 65K 65L 65M 65N 65O 65P 65Q 65R 65S 65T 65U 65V 65W 65X 65Y 65Z 66A 66B 66C 66D 66E 66F 66G 66H 66I 66J 66K 66L 66M 66N 66O 66P 66Q 66R 66S 66T 66U 66V 66W 66X 66Y 66Z 67A 67B 67C 67D 67E 67F 67G 67H 67I 67J 67K 67L 67M 67N 67O 67P 67Q 67R 67S 67T 67U 67V 67W 67X 67Y 67Z 68A 68B 68C 68D 68E 68F 68G 68H 68I 68J 68K 68L 68M 68N 68O 68P 68Q 68R 68S 68T 68U 68V 68W 68X 68Y 68Z 69A 69B 69C 69D 69E 69F 69G 69H 69I 69J 69K 69L 69M 69N 69O 69P 69Q 69R 69S 69T 69U 69V 69W 69X 69Y 69Z 70A 70B 70C 70D 70E 70F 70G 70H 70I 70J 70K 70L 70M 70N 70O 70P 70Q 70R 70S 70T 70U 70V 70W 70X 70Y 70Z 71A 71B 71C 71D 71E 71F 71G 71H 71I 71J 71K 71L 71M 71N 71O 71P 71Q 71R 71S 71T 71U 71V 71W 71X 71Y 71Z 72A 72B 72C 72D 72E 72F 72G 72H 72I 72J 72K 72L 72M 72N 72O 72P 72Q 72R 72S 72T 72U 72V 72W 72X 72Y 72Z 73A 73B 73C 73D 73E 73F 73G 73H 73I 73J 73K 73L 73M 73N 73O 73P 73Q 73R 73S 73T 73U 73V 73W 73X 73Y 73Z 74A 74B 74C 74D 74E 74F 74G 74H 74I 74J 74K 74L 74M 74N 74O 74P 74Q 74R 74S 74T 74U 74V 74W 74X 74Y 74Z 75A 75B 75C 75D 75E 75F 75G 75H 75I 75J 75K 75L 75M 75N 75O 75P 75Q 75R 75S 75T 75U 75V 75W 75X 75Y 75Z 76A 76B 76C 76D 76E 76F 76G 76H 76I 76J 76K 76L 76M 76N 76O 76P 76Q 76R 76S 76T 76U 76V 76W 76X 76Y 76Z 77A 77B 77C 77D 77E 77F 77G 77H 77I 77J 77K 77L 77M 77N 77O 77P 77Q 77R 77S 77T 77U 77V 77W 77X 77Y 77Z 78A 78B 78C 78D 78E 78F 78G 78H 78I 78J 78K 78L 78M 78N 78O 78P 78Q 78R 78S 78T 78U 78V 78W 78X 78Y 78Z 79A 79B 79C 79D 79E 79F 79G 79H 79I 79J 79K 79L 79M 79N 79O 79P 79Q 79R 79S 79T 79U 79V 79W 79X 79Y 79Z 80A 80B 80C 80D 80E 80F 80G 80H 80I 80J 80K 80L 80M 80N 80O 80P 80Q 80R 80S 80T 80U 80V 80W 80X 80Y 80Z 81A 81B 81C 81D 81E 81F 81G 81H 81I 81J 81K 81L 81M 81N 81O 81P 81Q 81R 81S 81T 81U 81V 81W 81X 81Y 81Z 82A 82B 82C 82D 82E 82F 82G 82H 82I 82J 82K 82L 82M 82N 82O 82P 82Q 82R 82S 82T 82U 82V 82W 82X 82Y 82Z 83A 83B 83C 83D 83E 83F 83G 83H 83I 83J 83K 83L 83M 83N 83O 83P 83Q 83R 83S 83T 83U 83V 83W 83X 83Y 83Z 84A 84B 84C 84D 84E 84F 84G 84H 84I 84J 84K 84L 84M 84N 84O 84P 84Q 84R 84S 84T 84U 84V 84W 84X 84Y 84Z 85A 85B 85C 85D 85E 85F 85G 85H 85I 85J 85K 85L 85M 85N 85O 85P 85Q 85R 85S 85T 85U 85V 85W 85X 85Y 85Z 86A 86B 86C 86D 86E 86F 86G 86H 86I 86J 86K 86L 86M 86N 86O 86P 86Q 86R 86S 86T 86U 86V 86W 86X 86Y 86Z 87A 87B 87C 87D 87E 87F 87G 87H 87I 87J 87K 87L 87M 87N 87O 87P 87Q 87R 87S 87T 87U 87V 87W 87X 87Y 87Z 88A 88B 88C 88D 88E 88F 88G 88H 88I 88J 88K 88L 88M 88N 88O 88P 88Q 88R 88S 88T 88U 88V 88W 88X 88Y 88Z 89A 89B 89C 89D 89E 89F 89G 89H 89I 89J 89K 89L 89M 89N 89O 89P 89Q 89R 89S 89T 89U 89V 89W 89X 89Y 89Z 90A 90B 90C 90D 90E 90F 90G 90H 90I 90J 90K 90L 90M 90N 90O 90P 90Q 90R 90S 90T 90U 90V 90W 90X 90Y 90Z 91A 91B 91C 91D 91E 91F 91G 91H 91I 91J 91K 91L 91M 91N 91O 91P 91Q 91R 91S 91T 91U 91V 91W 91X 91Y 91Z 92A 92B 92C 92D 92E 92F 92G 92H 92I 92J 92K 92L 92M 92N 92O 92P 92Q 92R 92S 92T 92U 92V 92W 92X 92Y 92Z 93A 93B 93C 93D 93E 93F 93G 93H 93I 93J 93K 93L 93M 93N 93O 93P 93Q 93R 93S 93T 93U 93V 93W 93X 93Y 93Z 94A 94B 94C 94D 94E 94F 94G 94H 94I 94J 94K 94L 94M 94N 94O 94P 94Q 94R 94S 94T 94U 94V 94W 94X 94Y 94Z 95A 95B 95C 95D 95E 95F 95G 95H 95I 95J 95K 95L 95M 95N 95O 95P 95Q 95R 95S 95T 95U 95V 95W 95X 95Y 95Z 96A 96B 96C 96D 96E 96F 96G 96H 96I 96J 96K 96L 96M 96N 96O 96P 96Q 96R 96S 96T 96U 96V 96W 96X 96Y 96Z 97A 97B 97C 97D 97E 97F 97G 97H 97I 97J 97K 97L 97M 97N 97O 97P 97Q 97R 97S 97T 97U 97V 97W 97X 97Y 97Z 98A 98B 98C 98D 98E 98F 98G 98H 98I 98J 98K 98L 98M 98N 98O 98P 98Q 98R 98S 98T 98U 98V 98W 98X 98Y 98Z 99A 99B 99C 99D 99E 99F 99G 99H 99I 99J 99K 99L 99M 99N 99O 99P 99Q 99R 99S 99T 99U 99V 99W 99X 99Y 99Z 100A 100B 100C 100D 100E 100F 100G 100H 100I 100J 100K 100L 100M 100N 100O 100P 100Q 100R 100S 100T 100U 100V 100W 100X 100Y 100Z

	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) .....	10a	X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	10b	X	
c Was the plan covered by a fidelity bond? .....	10c	X	400233
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	
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.) .....	10e	X	2119
f Has the plan failed to provide any benefit when due under the plan? .....	10f	X	
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 exceptions to providing the notice applied under 29 CFR 25			

**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 lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☐ Yes ☒ No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a

**b** PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank. ☐ Yes ☒ No

**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. Month Day Year

If 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

**c** 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

**e** 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

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 ☒ No

**c** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)