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| <div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div> | <div>OMB Nos. 1210-0110 1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|---|---|---|

| | |
|--|--|
| Part I | Annual Report Identification Information |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 | |
| A | This return/report is for: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.) |
| 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) |
| C | 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) |
| D | If the plan is a collectively-bargained plan, check here ▶ <input type="checkbox"/> |
| E | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ <input type="checkbox"/> |

| | | |
|---------|---|--|
| Part II | Basic Plan Information—enter all requested information | |
| 1a | Name of plan VESTAL & WILER CPAS, P.A. SAVINGS PLAN | 1b Three-digit plan number (PN) ▶ 001 |
| | | 1c Effective date of plan 01/01/1995 |
| 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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) VESTAL & WILER CPAS, P.A. 201 E PINE ST STE 801 ORLANDO, FL 32801-2721 | 2b Employer Identification Number (EIN) 59-3198021 |
| | | 2c Sponsor's telephone number 407-843-4433 |
| | | 2d Business code (see instructions) 541211 |
| 3a | Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor. | 3b Administrator's EIN |
| | | 3c Administrator's telephone number |
| 4 | 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. a Sponsor's name c Plan Name | 4b EIN |
| | | 4d PN |
| 5a | Total number of participants at the beginning of the plan year | 5a 64 |
| b | Total number of participants at the end of the plan year | 5b 2 |
| c(1) | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | 5c(1) 57 |
| c(2) | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 5c(2) 2 |
| d(1) | Total number of active participants at the beginning of the plan year | 5d(1) 44 |
| d(2) | Total number of active participants at the end of the plan year | 5d(2) 0 |
| e | 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 HERE | Filed with authorized/valid electronic signature. | 09/05/2024 | IRENE MCNUTT |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| | | | |

- 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 | 6006709 | 11602 |
| b Total plan liabilities | 7b | 0 | |
| c Net plan assets (subtract line 7b from line 7a) | 7c | 6006709 | 11602 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| a Contributions received or receivable from: | | | |
| (1) Employers | 8a(1) | | |
| (2) Participants | 8a(2) | | |
| (3) Others (including rollovers) | 8a(3) | | |
| b Other income (loss) | 8b | 320249 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 320249 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 988 | |
| e Certain deemed and/or corrective distributions (see instructions) . | 8e | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | 175 | |
| g Other expenses | 8g | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 1163 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | 319086 |
| j Transfers to (from) the plan (see instructions) | 8j | -6314193 | |

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:
2E 2F 2G 2J 2K 2R 2S 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

| 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? Continue to answer "Yes" for any prior year failures until fully corrected. (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 | | 500000 |
| 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 | | 1527 |
| 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 2520.101-3.) | 10h | X | | |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | X | | |

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

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a** 0

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) |
|--------------------------------|----------------------|---------------------|
| REHMANN LLC 401K PLAN | 38-3567911 | 002 |

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- ☐ Design-based safe harbor method
- ☐ "Prior year" ADP test
- ☒ "Current year" ADP test
- ☐ N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702476A.

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee
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Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal
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1210-0089**2023****This Form is Open to
Public Inspection**▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.****Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

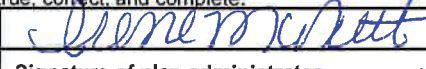
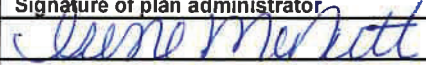
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☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program
☐ special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here.....▶ ☐
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.....▶ ☐

Part II Basic Plan Information—enter all requested information

| | |
|--|--|
| 1a Name of plan VESTAL & WILER CPAS, P.A. SAVINGS PLAN | 1b Three-digit plan number (PN) ▶ 001 |
| 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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) VESTAL & WILER CPAS, P.A. 201 E PINE ST STE 801 ORLANDO FL 32801-2721 | 1c Effective date of plan 01/01/1995 |
| | 2b Employer Identification Number (EIN) 59-3198021 |
| | 2c Sponsor's telephone number 407-843-4433 |
| | 2d Business code (see instructions) 541211 |
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor. | 3b Administrator's EIN |
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| | 4d PN |
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| e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 5e 0 |

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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 HERE |  | 9/5/24 | IRENE MCNUTT |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE |  | 9/5/24 | IRENE MCNUTT |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |



Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-0074

| | |
|--------------------|--------------------|
| Notice | CP216F |
| Notice Date | September 2, 2024 |
| Employer ID number | 59-3198021 |
| Tax period | December 31, 2023 |
| Form | 5500SF/8955-SSA |
| Plan number | 001 |
| To contact us | Phone 877-829-5500 |

034413.469532.242458.6230 1 AB 0.593 532



VESTAL & WILER CPAS PA
201 E PINE ST STE 801
ORLANDO FL 32801-2721

034413

We approved your request for an extension of time to file your return. Your return is now due OCT. 15, 2024.

We approved your Form 5558, Application for Extension of Time To File Certain Employee Plan Returns, for a Form 5500 series return and/or Form 8955-SSA, Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits, for plan number 001.

What you need to do

- You must file your return by OCT. 15, 2024.
- Keep a copy of this notice for your records.
- If you already filed your return for plan number 001 for the tax period ending December 31, 2023, you can disregard this notice.
- If a tax practitioner or someone else will prepare your return, you should give them a copy of this notice.
- Do not attach a copy of this notice to your return.

Additional Information

- Visit [IRS.gov/cp216f](https://www.irs.gov/cp216f).
- You can find more information about requesting extensions of time at [IRS.gov](https://www.irs.gov). Search the term "retirement plan extension of time."
- Find tax forms, instructions, and publications by visiting [IRS.gov](https://www.irs.gov) or calling 800-TAX-FORM (800-829-3676).



034413



Notice 1462 (en-sp)

Important! You Have More Time to File and Pay Your Taxes Due to a Disaster

The Federal Emergency Management Agency (FEMA) issued a disaster declaration for your area. This means the IRS has automatically granted you disaster relief which includes a **postponement of the deadline for you to file your return and make your payment**. This means you have additional time to pay beyond the due date listed on any other notice in this mailing.

Please note: You do not need to contact us to get this extra time to pay; it is automatic.

To determine your filing and payment due date, scan the code below or visit [IRS.gov/DisasterTaxRelief](https://www.irs.gov/DisasterTaxRelief) to locate your specific state and county by disaster area. Remember to **pay the amount you owe by the extended due date, to avoid paying additional penalties and interest.**



Scan here to find your extended payment due date based on your disaster area.

For disaster questions, please call the IRS Disaster Hotline at 866-562-5227.