

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a single-employer plan [ ] 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 [ ] the first return/report [X] 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 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: ANDREW W SKOROBATCKYJ PROFIT SHARING PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 09/19/2005
2a Plan sponsor's name (employer, if for a single-employer plan): ANDREW W SKOROBATCKYJ DDS INC
2b Employer Identification Number (EIN): 22-3890087
2c Sponsor's telephone number: 440-842-8015
2d Business code (see instructions): 621210
3a Plan administrator's name and address: [X] 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.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 5
5b Total number of participants at the end of the plan year: 5
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item): 5
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item): 5
5d(1) Total number of active participants at the beginning of the plan year: 5
5d(2) Total number of active participants at the end of the plan year: 5
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, and Name of individual signing as plan administrator. Includes entries for ANDREW W SKOROBATCKYJ dated 09/15/2025.

- 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.)

| <b>Part III Financial Information</b>  |              |                              |                        |
|--|--------------|------------------------------|------------------------|
| <b>7</b> Plan Assets and Liabilities   |              | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b> Total plan assets .....   | <b>7a</b>    | 630780                       | 775220                 |
| <b>b</b> Total plan liabilities .....  | <b>7b</b>    |                              |                        |
| <b>c</b> Net plan assets (subtract line 7b from line 7a) .....                                       | <b>7c</b>    | 630780                       | 775220                 |
| <b>8</b> Income, Expenses, and Transfers for this Plan Year  |              | <b>(a) Amount</b>            | <b>(b) Total</b>       |
| <b>a</b> Contributions received or receivable from:  |              |                              |                        |
| <b>(1)</b> Employers .....   | <b>8a(1)</b> | 76759                        |                        |
| <b>(2)</b> Participants .....  | <b>8a(2)</b> |                              |                        |
| <b>(3)</b> Others (including rollovers) .....  | <b>8a(3)</b> |                              |                        |
| <b>b</b> Other income (loss) .....   | <b>8b</b>    | 73548                        |                        |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                  | <b>8c</b>    |                              | 150307                 |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... | <b>8d</b>    |                              |                        |
| <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>    | 5867                         |                        |
| <b>g</b> Other expenses .....  | <b>8g</b>    |                              |                        |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....   | <b>8h</b>    |                              | 5867                   |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c) .....                                     | <b>8i</b>    |                              | 144440                 |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                       | <b>8j</b>    |                              |                        |

| <b>Part IV Plan Characteristics</b> |  |
|-------------------------------------|--|
| <b>9a</b>                           | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:<br>2A 2E 3D 2G 3B 3D |
| <b>b</b>                            | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:                      |

| <b>Part V Compliance Questions</b>  |            |            |           |               |
|---|------------|------------|-----------|---------------|
| <b>10</b> During the plan year:   |            | <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? Continue to answer "Yes" for any prior year failures until fully corrected. (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         |               |
| <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          |           | 5867          |
| <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? (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.  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** 76759

**c** Enter the amount contributed by the employer to the plan for this plan year **12c** 76759

**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**

**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.)

| <b>13c(1)</b> Name of plan(s):     | <b>13c(2)</b> EIN(s) | <b>13c(3)</b> PN(s) |
|------------------------------------|----------------------|---------------------|
| ANDREW W SKOROBATCKKYJ 401(K) PLAN | 22-3890087           | 001                 |

**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 \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

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B This return/report is: [ ] the first return/report [X] 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 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 ANDREW W SKOROBATCKYJ PROFIT SHARING PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 9/19/2005
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) ANDREW W SKOROBATCKYJ DDS INC 7444 STATE ROAD PARMA, OH 44134
2b Employer Identification Number (EIN) 22-3890087
2c Sponsor's telephone number (440) 842-8015
2d Business code (see instructions) 621210
3a Plan administrator's name and address [ ] Same as Plan Sponsor. ANDREW W SKOROBATCKYJ 7444 STATE ROAD PARMA, OH 44134
3b Administrator's EIN 22-3890087
3c Administrator's telephone number (440) 842-8015
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
5 a Total number of participants at the beginning of the plan year..... 5
b Total number of participants at the end of the plan year..... 5
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... 5
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... 5
d(1) Total number of active participants at the beginning of the plan year..... 5
d(2) Total number of active participants at the end of the plan year..... 5
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... 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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Signature of plan administrator, Date 9/15/2025, Name ANDREW W SKOROBATCKYJ. Row 2: Signature of employer/plan sponsor, Date 9/15/2025, Name ANDREW W SKOROBATCKYJ.

# Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form7004](http://www.irs.gov/Form7004) for instructions and the latest information.**

**Print  
or  
Type**

|   |   |
|---|---|
| Name<br><b>ANDREW W SKOROBATCKYJ DDS INC</b>  | Identifying number<br><b>22-3890087</b> |
| Number, street, and room or suite no. (If P.O. box, see instructions.)<br><b>7444 STATE ROAD</b>  |   |
| City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)<br><b>PARMA, OH 44134-5858</b> |   |

**Note:** File request for extension by the due date of the return. See instructions before completing this form.

**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.

1 Enter the form code for the return listed below that this application is for . . . . . 25

| Application Is For:                               | Form Code | Application Is For:               | Form Code |
|---|-----------|-----------------------------------|-----------|
| Form 706-GS(D)                                    | 01        | Form 1120-ND (section 4951 taxes) | 20        |
| Form 706-GS(T)                                    | 02        | Form 1120-PC                      | 21        |
| Form 1041 (bankruptcy estate only)                | 03        | Form 1120-POL                     | 22        |
| Form 1041 (estate other than a bankruptcy estate) | 04        | Form 1120-REIT                    | 23        |
| Form 1041 (trust)                                 | 05        | Form 1120-RIC                     | 24        |
| Form 1041-N                                       | 06        | Form 1120S                        | 25        |
| Form 1041-QFT                                     | 07        | Form 1120-SF                      | 26        |
| Form 1042   | 08        | Form 3520-A                       | 27        |
| Form 1065   | 09        | Form 8612                         | 28        |
| Form 1066   | 11        | Form 8613                         | 29        |
| Form 1120   | 12        | Form 8725                         | 30        |
| Form 1120-C                                       | 34        | Form 8804                         | 31        |
| Form 1120-F                                       | 15        | Form 8831                         | 32        |
| Form 1120-FSC                                     | 16        | Form 8876                         | 33        |
| Form 1120-H                                       | 17        | Form 8924                         | 35        |
| Form 1120-L                                       | 18        | Form 8928                         | 36        |
| Form 1120-ND                                      | 19        |                                   |           |

**Part II All Filers Must Complete This Part**

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here . . . . .

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here . . . . .   
 If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here . . .

5a The application is for calendar year 20 24, or tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

b **Short tax year.** If this tax year is less than 12 months, check the reason:  Initial return  Final return  
 Change in accounting period  Consolidated return to be filed  Other (See instructions—attach explanation.)

|   |          |   |  |
|---|----------|---|--|
| 6 Tentative total tax . . . . .   | <b>6</b> | 0 |  |
| 7 <b>Total payments and credits.</b> See instructions . . . . .               | <b>7</b> | 0 |  |
| 8 <b>Balance due.</b> Subtract line 7 from line 6. See instructions . . . . . | <b>8</b> | 0 |  |

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

**5500 EF Info - Practitioner Signature Agreement**

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**Plan Administrator/Employer:**

In accordance with expanded EFAST2 signature options, I, the Plan Administrator/Employer for the following plan:  
ANDREW W SKOROBATCKYJ PROFIT SHARING PLAN

give this written authorization to: MICHAEL P HEWKO  
to submit this return/report electronically and to sign this return/report with their EFAST2 UserID and PIN. I further acknowledge that an image of my manual signature will be included with the rest of the annual return/report posted by the DOL on the Internet for public disclosure.

ANDREW W SKOROBATCKYJ  
Plan Administrator/Employer Name

  
Plan Administrator/Employer signature

9/14/2025  
Date

**Practitioner:**

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any other required schedules or attachments, true and correct pdf copies of the first page of the completed Form 5500, Form 5500-EZ, or Form 5500-SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury and the second page of the completed Form 5500, Form 5500-EZ or Form 5500-SF; (3) I advised the plan administrator/employer that by selecting this electronic signature option the pdf image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

I declare that I am authorized to make and sign this statement.  (Check "X" here)

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