Form 5500-SF

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan Department of the Treasury Internal Revenue Service 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

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Short Form Annual Return/Report of Small Employee

Part I	Annual Report	Identification Information				
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	016	and ending 12	2/31/2016	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) (ployer information in ac		
		a one-participant plan	a foreign plan	,		,
B This retu	ırn/report is	the first return/report	the final return/report			
• • • • • •		an amended return/report	a short plan year return	n/report (less than 12 m	_	
C Check b	oox if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC program	
Part II	Basic Plan Info	prmation—enter all requested inf	. ,			
1a Name		ination enter an requested in	omation		1b Three-digit	
		K) PROFIT SHARING PLAN			plan numbe	r 001
					1c Effective da	te of plan 1/01/1993
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O). Box)			entification Number 1-1616547
	town, state or province IIGGINS, D.D.S., P.S.	e, country, and ZIP or foreign posta	al code (if foreign, see instr	uctions)	2c Sponsor's t	elephone number -946-9313
	IA DOINT DDIVE				2d Business co	de (see instructions)
RICHLAND, \	IA POINT DRIVE WA 99352				6	21210
3a Plan ad	dministrator's name ar	nd address X Same as Plan Spor	nsor.		3b Administrate	or's EIN
					3c Administrate	or's telephone number
1 16 4 h a m		- ulan ananan bas aban and sinas	4b - 1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4		4h FIN	
name,	EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed to	or this plan, enter the	4b EIN	
a Sponso					4c PN	
5a Total r	number of participants	at the beginning of the plan year			5a	8
b Total r	number of participants	at the end of the plan year			5b	3
	er of participants with ete this item)	account balances as of the end of	the plan year (only defined	contribution plans	5c	3
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	2
		rticipants at the end of the plan year			5d(2)	2
than '	100% vested	terminated employment during the			5e	
		or incomplete filing of this return				
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.				
SIGN	Filed with authorized/	valid electronic signature.	04/07/2017	DENNIS L. HIGGINS		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plar	administrator
SIGN HERE						
	Signature of emplo		Date	Enter name of individ		
Preparer s	name (including litti r	name, if applicable) and address (in	icidae room of salle numbe	1)	Preparer's teleph	one number

Form 5500-SF 2016 Page **2**

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)						X Ye	es No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b									X Ye	es No
Part III Financial Information Financial Informati		,		,						_	
7 Plan Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	X No	Not de	etermined
Total plan assets Ta	Pa	rt 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)	а	Total plan assets	7a	1	896306	5				17172	95
8 Income, Expenses, and Transfers for this Plan Year a Contributions receivable from: (1) Employers 8a(1) 36000 (2) Participants. (3) Others (including rollovers). 8a(2) 24025 (3) Others (including rollovers). 8a(3) 0 (b) Other income (loss). (c) Total income (edad lines 8a(1), 8a(2), 8a(3), and 8b). (d) Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8 132075 (e) Certain deemed and/or corrective distributions (see instructions). 8 2 363625 (e) Certain deemed and/or corrective distributions (see instructions). 8 4 363625 (e) Certain deemed and/or corrective distributions (see instructions). 8 5 16486 (g) Other expenses. 8 6 9 (g) Other expenses (add lines 8d, 8e, 8f, and 8g). 8 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8 1 Transfers to (from) the plan (see instructions). 8 1 Transfers to (from) the plan (see instructions). 8 1 Transfers to (from) the plan (see instructions). 8 2 1 Transfers to (from) the plan (see instructions). 8 3 If the plan provides pension benefits, enter the applicable verifier feature codes from the List of Plan Characteristic Codes in the instructions: Part V Plan Characteristics. 9a If the plan provides verifier benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: D Uning the plan year: 1 V Compliance Questions 10 During the plan year: 2 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). 2 Was there are any nonexempt transactions with any party-in-interest? (Do not include transactions to the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraid of dishonesty? 2 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, or other organization that provides some or all of the benefits under the plan? 3 Did the plan have any participant loans?	b	Total plan liabilities	7b								
a Contributions received or receivable from: (1) Employers	С	Net plan assets (subtract line 7b from line 7a)	7c	1	896306	5				17172	95
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
(2) Participants	а		0-(4)		35000						
(a) Others (including rollovers)			` ` `								
b Other income (loss)			` ` `			_					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>_</u>	· · · · · · · · · · · · · · · · · · ·	1								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). d Benefits paid (including direct rollovers and insurance premiums to provide benefits). d Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). g Cher expenses (add lines 8d, 8e, 8f, and 8g)		` '								1911	<u> </u>
to provide benefits)			80							1311	
f Administrative service providers (salaries, fees, commissions)			8d		353625	5					
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions).	8e		C						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		16486						
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g								
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3701	11
Part IV Plan Characteristics	i	Net income (loss) (subtract line 8h from line 8c)	8i							11	
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	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) 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.) 10	Par	t 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.)	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
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,). 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Coc	des in t	he instru	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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	Par	t V Compliance Questions									
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b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions	10b		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X					185000
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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d	·	•		10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her persor ne or all of	ns by an insurance the benefits under	10e		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
2520.101-3.)	<u>_</u>		-		10g		X				
	h	2520.101-3.)	` 		10h		X				
	i				10i						

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Page 3-	1
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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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.

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	ar plan year 2016 or	fiscal plan year beginning 01/01/20	16	and ending 12/3	31/2016	
		a single-employer plan	a multiple-employer p	olan (not multiemployer) (
A This re	turn/report is for.	a one-participant plan	list of participating e a foreign plan	mployer information in a	ccordance with the	form instructions.)
D This set		the first return/report	the final return/report			
B This ret	urn/report is	an amended return/report		rn/report (less than 12 m	ionths)	
				itiniopolic (1000 shall in 11		
C Check	box if filing under:	☐ Form 5558	automatic extension		DFVC program	n
		special extension (enter des	A STATE OF THE PARTY OF THE PAR			
Part II		formation—enter all requested i	nformation		Ab There die	
1a Name	74) Profit Sharing Plan			1b Three-digit plan numb	er i
Delinis migg	JIIIS, DDS, 1 5 40 1(1	/ From Gharing Fran			(PN) ▶	001
					1c Effective d 01/01/199	
Mailin	a address (include r	ployer, if for a single-employer plan) bom, apt., suite no. and street, or P	O. Box)	4	2b Employer I (EIN) 91-1	identification Number 616547
	rtown, state or proviggins, D.D.S., P.S.	nce, country, and ZIP or foreign por	stal code (il foreign, see ins	structions)	The state of the s	telephone number 509) 946-9313
90 Columbia	a Point Drive				2d Business of 621210	code (see instructions)
Richland, W	/Δ QQ352					
		and address Same as Plan Sp	onsor.		3b Administra	tor's EIN
4 If the name	name and/or EIN of e, EIN, and the plan	the plan sponsor has changed sinc number from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN	HIV CONTRACTOR OF THE STREET
a Spons	sor's name				4C PN	wall to the same and the same and the same
5a Total	number of participar	nts at the beginning of the plan year			5a	8
		nts at the end of the plan year			5b	3
		th account balances as of the end o			5c	3
		participants at the beginning of the			5d(1)	2
		participants at the end of the plan y			F4(0)	2
e Num	ber of participants th	nat terminated employment during the	ne plan year with accrued b		5e	
Caution:	A penalty for the la	te or incomplete filing of this retu	rn/report will be assesse	d unless reasonable ca	use is establishe	ed.
SB or Sch	naities of perjury and edule MB completed true, correct, and or	other penalties set forth in the instr d and signed by an enrolled actuary ompleted	uctions, I declare that I hav as well as the electronic v	e examined this return/re ersion of this return/repo	eport, including, if rt, and to the best	applicable, a Schedule of my knowledge and
SIGN	Venne ;	(Steams	4/2/17	Dennis L. Higgins		
HERE	Signature of pla	n administrator	Date	Enter name of individ	dual signing as pla	ın administrator
SIGN						
HERE	Signature of em	ployer/plan sponsor	Date		dual signing as en	ployer or plan sponsor
Preparer's	name (including fin	n name, if applicable) and address	include room or suite num	ber)	Preparer's tele	ohone number
2.						

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Part III Financial Information Financial Informa	b	Were all of the plan's assets during the plan year invested in eligib. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan in it can cover under the PRCC in	an independ and condition of use Form	dent qualified public ons.)	accoun	tant (id	PA) Forn	n 5500			□ No
7 Plan Assets and Liabilities	-		isularice pro	Alam (200 EKION 2	ection 2	1021)1		1 100	₽140	☐ Idot gere	HIIIMOG
a Total plan assets. 7a 1898306 17717 b Total plan liabilities. 7b 7b 1898306 17717 c Net plan assets (subtract line 7b from line 7a). 7c 1896306 17717 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total according to the plan provides persisted or receivable from: (1) Employers 8a(1) 35000 (2) Participants 8a(2) 24025 (3) Others (including rollovers) 8a(3) 0 (b) Other income (iose). 8a(3) 0 (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 132075 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 191 d Benefits padd (including direct rollovers and insurance premiums to provide benefits). 8d 353625 e Certain deemed and/or corrective distributions (see instructions). 8d 353625 e Certain deemed and/or corrective distributions (see instructions). 8d 16486 g Other expenses. 9d Other expenses. 9d Total expenses (add lines 8d, 8e, 8f, and 8g). 9d Total expenses (add lines 8d, 8e, 8f, and 8g). 9d I Net income (loss) (subtract line 8h from line 8c). 9d If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions. 2A 2E 7E H2 J2 T3 D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions. 2A 2E 7E H2 J2 T3 D b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 19a). C Was the plan arovered 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 free any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 19a). First Net 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 free any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 19a). First Net plan failed to provide any benefit when due under the plan? d	7		I	(a) Reginning	of Yea	, 1	-		(b) End	of Year	
b Total plan liabilities	a		7a			7			(b) Little	171729)5
C Net plan assets (subtract line 7b from line 7a)	-					1					
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 35000 (2) Participants 8a(2) 24025 (3) Others (including relievers) 8a(3) 0 b Officer income (ioss) 8a(3) 0 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b 132075 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 19 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 359625 e Certain deemed and/or corrective distributions (see instructions) 8 0 G Other expenses 9 0 f Administrative service providers (salaries, fees, commissions) 8 1 16486 g Other expenses 9 1 Transfers to (from) the plan (see instructions) 1 Net income (ioss) (subtract line 8h from line 8c) 8 1 Transfers to (from) the plan (see instructions) 8 2					18963	06				171729	95
Bactoributions received or receivable from: 8a(1) 35000	-		10.20	(a) Amour	nt				(b) 1	otal	ATTEN PORT CONTRACTOR
22 Participants 8a(2) 24025	a						77.7				
(3) Other (including rollovers). (3) Other income (loss). (4) Other income (loss). (5) Other income (loss). (6) Other income (loss). (7) Otabi income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Other income (loss). (8) Other income (loss). (8) Other income (loss). (8) Other income (loss). (8) Other income (loss) and insurance premiums to provide benefits). (8) Other expenses and insurance premiums. (8) Other expenses (loss). (8) Other expenses. (9) Other expenses. (10) Other loss of the list of Plan Characteristic Codes in the instructions. (10) Other plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions. (10) Other plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions. (10) Other plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions. (10) Other plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions. (10) Other plan provides pension benef		(1) Employers	8a(1)	****		-	-				W-1-1-10-11
b Other income (loss) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b C Total income (add lines 8a(1), 8a(2), 8a(3), and 8a(2) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8a(2) C Total income (add lines 8a(1), 8a(2), 8a(3) C Total income (add lines 8a(1), 8a(2), 8a(3) C Total income (add lines 8a(1), 8a(2), 8a(3) C Total income (add lines 8a(1), 8a(2) C Total income (add lines 8a(2), 8a(3) C Total income (add lines 8a(2) C Total income (add lin		(2) Participants	8a(2)		240	25					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			8a(3)			0					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 353625 e Certain deemed and/or corrective distributions (see instructions). 8e 0 0 f Administrative service providers (salaries, fees, commissions). 8f 16486 g Other expenses 8g 1 h Total expenses (add lines 8d, 8e, 8f, and 8g). 8h 370 I Net income (loss) (subtract line 8h from line 8b					1320	75					
to provide benefits)	_		8c							19110	0
f Administrative service providers (salaries, fees, commissions) g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) h Total expenses (add lines 8d, 8e, 8f, and 8g) l Net income (loss) (subtract line 8h from line 8c) g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A ZE ZF ZH ZJ ZT 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part IV Compliance Questions 10 During the plan year: 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). 10 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520 101-3.)	d		8d		3536	25					
g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 370 i Net income (loss) (subtract line 8h from line 8c) 8i -179 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 2F 2H 2J 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: 2A 2E 2F 2H 2J 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: 2A 2E 2F 2H 2J 2T 3D b Uring the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2H 2J 2T 3D b Uring the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2H 2J 2T 3D b Uring the plan pear. 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 10b X c Was the plan covered by a fidelity bond? 10c X 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 c 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 f Has the plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR 10h X	е	Certain deemed and/or corrective distributions (see instructions)	8e	1000(0.101.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		0					
Note Expenses (add lines 8d, 8e, 8f, and 8g) Sh Sh Sh Sh Sh Sh Sh S	f	Administrative service providers (salaries, fees, commissions)	8f		164	36					
i Net income (loss) (subtract line 8h from line 8c) 8i -179 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 2F 2H 2J 2T 3D 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 N/A Amound described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). 10a X Amound 10b X Indicates the plan year of the year of the plan year of the year of the plan year of the year of y			8g								
Transfers to (from) the plan (see instructions). By	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							37011	1
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2A 2E 2F 2H 2J 2T 3D 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	Pa	rt IV Plan Characteristics		*							
Part V Compliance Questions	9a		feature code	es from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
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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)	Pai	t V Compliance Questions	A								
described in 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:			- Philosophia	Yes	No	WA		Amount	***********
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by fraud or dishonesty?	C	Was the plan covered by a fidelity bond?			10c	Х					185000
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 The Has the plan failed to provide any benefit when due under the plan? 10f X Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	d						Х				
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.) X	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persons lie or all of th	by an insurance e benefits under	10e		х				
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h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	q	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-en	d.)			Х				
	h	If this is an individual account plan, was there a blackout period? ((See instruct	tions and 29 CFR							
exceptions to providing the notice applied under 29 CFR 2520.101-3	I	If 10h was answered "Yes," check the box if you either provided the	ne required r	notice or one of the							

Part	VI Pension Funding	Compliance						
11		subject to minimum funding requirements? (If "Yes," see instructions and co low).			e SB		□ Y	es 🛛 No
	Enter the unpaid minimum re	quired contributions for all years from Schedule SB (Form 5500) line 40	******	11:	a L			
12	ERISA?	plan subject to the minimum funding requirements of section 412 of the Cooper lines 12b, 12c, 12d, and 12e below, as applicable.)					_ Y	es 🛭 No
2		nding standard for a prior year is being amortized in this plan year, see instr	uction	s and ent	er the	date of the	e lette	rulina
		Mc			Day		ear_	_
lf :	you completed line 12a, com	plete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.					
b	Enter the minimum required c	ontribution for this plan year		12	b			
C	Enter the amount contributed	by the employer to the plan for this plan year		12	C	water and the same		-
d		2c from the amount in line 12b. Enter the result (enter a minus sign to the le		1 16	d			_
е	Will the minimum funding am	ount reported on line 12d be met by the funding deadline?			Y	es 1	No	N/A
Part	VII Plan Terminations	s and Transfers of Assets			Avenue allere			
13a	Has a resolution to terminate th	ne plan been adopted in any plan year?				Yes	N N	0
	If "Yes," enter the amount of	any plan assets that reverted to the employer this year		13a				
b		ibuted to participants or beneficiaries, transferred to another plan, or brough				□ Y	es X	No
С		assets or liabilities were transferred from this plan to another plan(s), identify re transferred. (See instructions.)	the p	lan(s) to				a continuos de la continuo de la con
1	I3c(1) Name of plan(s):		1	3c(2) EIN	(s)		13c(3	PN(s)
Part	VIII Trust Information	1						
14a	Name of trust			14	b Trus	st's EIN		
14c	Name of trustee or custodian			14		stee's or o		an's
Pari	IX IRS Compliance	Questions				**********		
15a	is the plan a 401(k) plan? If "N	lo," skip b		Yes		∏ No)	
		ondiscrimination requirements for employee deferrals under section heck all that apply:	Ш,	Design-ba safe harbo	r	☐ "P	rior ye st	ar' ADP
			III	"Current yo ADP test	ear	N	'A	
16a		d to satisfy the coverage requirements under section 410(b) for the plan		Ratio percentag test	je [Averag benefit		□ N/A
		age and nondiscrimination requirements of sections 410(b) and 401(a)(4)		Yes		□ N	0	
17a	If the plan is a master and pro the letter	ototype plan (M&P) or volume submitter plan that received a favorable IRS o and the serial number				2		
17b	If the plan is an individually-detter	esigned plan that received a favorable determination letter from the IRS, ent	er the	date of th	e most	recent de	etermi	nation
	Were any distributions made	y Purchase Pension Plan Only: during the plan year to an employee who attained age 62 and had not separ		rom 🔲	Yes	∏ No		
19	Was any plan participant a 5%	6 owner who had attained at least age 70 ½ during the prior plan year?			Yes	☐ No	1	
			1				-	