Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service This form is r

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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Ear calas de	Annual Repor								
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016									
a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach									
A This ret	turn/report is for:		list of participating er	ccordance with the f	form instructions.)				
		a one-participant plan	a foreign plan						
_			П., е						
B This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)				
C Check b	box if filing under:	X Form 5558	automatic extension		DFVC program				
		片	_		☐ DF vC ploglaili				
.		special extension (enter desc	' '						
Part II		ormation—enter all requested in	formation		41	1			
1a Name	•	DROEIT SHARING DI AN			1b Three-digit plan number				
JEFFREY W. KARP, M.D. 401K PROFIT SHARING PLAN					(PN)	001			
					1c Effective dat	e of plan			
						1/01/1991			
2a Plan sp	ponsor's name (emp	loyer, if for a single-employer plan)			2b Employer Ide	entification Number			
		om, apt., suite no. and street, or P.0				4-3031090			
	town, state or provir . KARP, M.D. PLLC	nce, country, and ZIP or foreign pos	tal code (if foreign, see inst	tructions)	2c Sponsor's te	elephone number			
JEFFRET W.	. KARP, W.D. PLLC					624-4588			
					2d Business coo	de (see instructions)			
	IFTH AVENUE, SUIT	ΓE 619			62	21111			
SPOKANE, V	WA 99204								
0		🗖			01				
3a Plan ad	dministrator's name	and address 🛚 Same as Plan Spo	nsor.		3b Administrato	r's EIN			
					3c Administrato	r's telephone number			
					JC Administrato	i 3 telephone number			
4 16.1	., =,,				41				
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
	•	amber from the last return, report.			4c PN				
		ts at the beginning of the plan year	a Sponsor's name						
_	•	5a Total number of participants at the beginning of the plan year							
	b Total number of participants at the end of the plan year								
C Number of participants with account balances as of the end of the plan year (only defined contribution plans					5a 5b				
		ts at the end of the plan yearh	the plan year (only defined	d contribution plans		2			
compl	lete this item)	ts at the end of the plan yearh account balances as of the end of	the plan year (only defined	d contribution plans	5b 5c	2			
complete d(1) Total	lete this item)al number of active p	ts at the end of the plan yearh account balances as of the end of	the plan year (only defined	d contribution plans	5b 5c 5d(1)	2 2			
compl d(1) Tota d(2) Tota	lete this item)al number of active palled all number	ts at the end of the plan yearh account balances as of the end of the participants at the beginning of the poarticipants at the end of the plan ye	the plan year (only defined lan year	d contribution plans	5b 5c	2			
compli d(1) Tota d(2) Tota e Numb	lete this item)al number of active pall number of active pall of participants the	ts at the end of the plan yearh account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the	the plan year (only defined blan yearear	d contribution plans	5b 5c 5d(1)	2 2 2			
complete d(1) Total d(2) Total e Number than for	lete this item)al number of active p al number of active p per of participants tha 100% vested	ts at the end of the plan yearh account balances as of the end of carticipants at the beginning of the poarticipants at the end of the plan year terminated employment during the	the plan year (only defined plan yearear e plan year with accrued be	d contribution plans	5b 5c 5d(1) 5d(2) 5e	2 2 2 2 0			
complete d(1) Total d(2) Total e Number than 2 Caution: A Under pena	lete this item)	ts at the end of the plan year h account balances as of the end of participants at the beginning of the poarticipants at the end of the plan year terminated employment during the period of the plan year terminated employment during the period of the penalties set forth in the instruction.	the plan year (only defined plan yeareplan year with accrued be confront will be assessed actions, I declare that I have	d contribution plans enefits that were less d unless reasonable ca	5b 5c 5d(1) 5d(2) 5e use is established eport, including, if ap	2 2 2 2 0 oplicable, a Schedule			
complete d(1) Total d(2) Total e Number than a Caution: A Under pena SB or Sche	lete this item)	ts at the end of the plan year h account balances as of the end of participants at the beginning of the poarticipants at the end of the plan year terminated employment during the poarticipants at the end of the plan year terminated employment during the period of the plan year terminated employment during the period of this return the period of the penalties set forth in the instruand signed by an enrolled actuary,	the plan year (only defined plan yeareplan year with accrued be confront will be assessed actions, I declare that I have	d contribution plans enefits that were less d unless reasonable ca	5b 5c 5d(1) 5d(2) 5e use is established eport, including, if ap	2 2 2 2 0 oplicable, a Schedule			
complete d(1) Total d(2) Total e Number than 2 Caution: A Under pena SB or Schebelief, it is total d(1) Total and the second of	lete this item)	ts at the end of the plan year	the plan year (only defined plan yearearee plan year with accrued be refrected by the plan year will be assessed actions, I declare that I have as well as the electronic verifications.	enefits that were less I unless reasonable care examined this return/reports of this retur	5b 5c 5d(1) 5d(2) 5e use is established eport, including, if aprt, and to the best of	2 2 2 2 0 oplicable, a Schedule			
complete d(1) Total d(2) Total e Number than 2 Caution: A Under pena SB or Schebelief, it is total sign.	lete this item)	ts at the end of the plan year h account balances as of the end of participants at the beginning of the poarticipants at the end of the plan year terminated employment during the poarticipants at the end of the plan year terminated employment during the period of the plan year terminated employment during the period of this return the period of the penalties set forth in the instruand signed by an enrolled actuary,	the plan year (only defined plan yeareplan year with accrued be confront will be assessed actions, I declare that I have	d contribution plans enefits that were less d unless reasonable ca	5b 5c 5d(1) 5d(2) 5e use is established eport, including, if aprt, and to the best of	2 2 2 2 0 oplicable, a Schedule			
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complete d(1) Total d(2) Total e Number than 2 Caution: A Under pena SB or Schebelief, it is total sign.	lete this item)	ts at the end of the plan year	e plan year with accrued be confreshed as well as the electronic very co	enefits that were less d unless reasonable care examined this return/reports of this retur	5b 5c 5d(1) 5d(2) 5e use is established eport, including, if aprt, and to the best of	2 2 2 2 0 . oplicable, a Schedule my knowledge and			
complete description of the co	lete this item)	ts at the end of the plan year	the plan year (only defined plan yearet plan year with accrued be ren/report will be assessed actions, I declare that I have as well as the electronic version of the plan year with accrued be ren/report will be assessed actions, I declare that I have as well as the electronic version of the plan year.	enefits that were less I unless reasonable car e examined this return/report of this re	5b 5c 5d(1) 5d(2) 5e use is established eport, including, if aprt, and to the best of	2 2 2 2 2 0 policable, a Schedule my knowledge and administrator			
complete d(1) Total d(2) Total e Number than a Caution: A Under pena SB or Schebelief, it is total sign here.	lete this item)	ts at the end of the plan year	e plan year with accrued be controlled by the plan year with accrued by the plan year with accrued by the plan year will be assessed actions, I declare that I have as well as the electronic very controlled by the plan year with accrued by the plan year with accrued by the plan year. Op/06/2017 Date Date	enefits that were less d unless reasonable care examined this return/reportsion of this return of the return of this return of this return of the return of this return of th	5b 5c 5d(1) 5d(2) 5e use is established eport, including, if aprt, and to the best of	2 2 2 2 2 0			
complete d(1) Total d(2) Total e Number than a Caution: A Under pena SB or Schebelief, it is total sign here.	lete this item)	ts at the end of the plan year	e plan year with accrued be controlled by the plan year with accrued by the plan year with accrued by the plan year will be assessed actions, I declare that I have as well as the electronic very controlled by the plan year with accrued by the plan year with accrued by the plan year. Op/06/2017 Date Date	enefits that were less d unless reasonable care examined this return/reportsion of this return of the return of this return of this return of the return of this return of th	5b 5c 5d(1) 5d(2) 5e use is established eport, including, if aprt, and to the best of	2 2 2 2 2 0			
complete d(1) Total d(2) Total e Number than a Caution: A Under pena SB or Schebelief, it is total sign here.	lete this item)	ts at the end of the plan year	e plan year with accrued be controlled by the plan year with accrued by the plan year with accrued by the plan year will be assessed actions, I declare that I have as well as the electronic very controlled by the plan year with accrued by the plan year with accrued by the plan year. Op/06/2017 Date Date	enefits that were less d unless reasonable care examined this return/reportsion of this return of the return of this return of this return of the return of this return of th	5b 5c 5d(1) 5d(2) 5e use is established eport, including, if aprt, and to the best of	2 2 2 2 2 0			
complete d(1) Total d(2) Total e Number than a Caution: A Under pena SB or Schebelief, it is total sign here.	lete this item)	ts at the end of the plan year	e plan year with accrued be controlled by the plan year with accrued by the plan year with accrued by the plan year will be assessed actions, I declare that I have as well as the electronic very controlled by the plan year with accrued by the plan year with accrued by the plan year. Op/06/2017 Date Date	enefits that were less d unless reasonable care examined this return/reportsion of this return of the return of this return of this return of the return of this return of th	5b 5c 5d(1) 5d(2) 5e use is established eport, including, if aprt, and to the best of	2 2 2 2 2 0			
complete description of the co	lete this item)	ts at the end of the plan year	e plan year with accrued be controlled by the plan year with accrued by the plan year with accrued by the plan year will be assessed actions, I declare that I have as well as the electronic very controlled by the plan year with accrued by the plan year with accrued by the plan year. Op/06/2017 Date Date	enefits that were less d unless reasonable care examined this return/reportsion of this return of the return of this return of this return of the return of this return of th	5b 5c 5d(1) 5d(2) 5e use is established eport, including, if aprt, and to the best of	2 2 2 2 2 0			

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b A	Were all of the plan's assets during the plan year invested in eligibare you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes	☐ No
	f you answered "No" to either line 6a or line 6b, the plan canr								Ц	ш
C If	the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	rmined
Part	III Financial Information									
7 F	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a 1	otal plan assets	7a	1	431495					1488429	
b 1	otal plan liabilities	7b								
C N	Net plan assets (subtract line 7b from line 7a)	7c	1	431495					1488429	
8 II	ncome, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
	Contributions received or receivable from:	0-(4)		42705						
	1) Employers	8a(1)		24625						
	Participants Others (including rollovers)	8a(2) 8a(3)		2.020						
	Other income (loss)	8b		48974						
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							116304	
	Benefits paid (including direct rollovers and insurance premiums	- 55								
to	o provide benefits)	8d		59370	1					
e (Certain deemed and/or corrective distributions (see instructions).	8e								
<u>f</u> A	Administrative service providers (salaries, fees, commissions)	8f								
g (Other expenses	8g			_					
<u>h</u> T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h							59370	
	Net income (loss) (subtract line 8h from line 8c)	8i							56934	
	ransfers to (from) the plan (see instructions)	8j								
	IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 3B 3D									
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	uctions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					148843
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е				10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	an?		10f	L	X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

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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	
					o centage Average benefit test N			
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							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

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).

2016

OMB Nos 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Pension B	enent Guaranty Corporation	► Complete all entries in		lance with the instr	ructions to the Form 5	5500-SF.					
Part I		Identification Information	n								
For calend	ar plan year 2016 or fi	scal plan year beginning	01/	/01/2016	and ending	12/31/	2016				
A This re	turn/report is for:	a single-employer plan				er) (Filers checking this box must attach a a accordance with the form instructions.)					
	·	a one-participant plan		foreign plan			· · · · · · · · · · · · · · · · · · ·				
B This ret	um/report is	the first return/report	=	e final return/report							
C Chack	box if filing under:	an amended return/report			n/report (less than 12 n	,					
Crieck	box if filling under.	Form 5558 special extension (enter desc		utomatic extension		☐ DFVC progra	m				
Part II	Basic Plan Info	rmation—enter all requested in	nformati	on							
1a Name JEFFREY	of plan	. 401K PROFIT SHARIN		-		1b Three-digition plan numb	er				
						(PN) ▶ 1c Effective d 01/01/	•				
2a Plan s	ponsor's name (emplo	yer, if for a single-employer plan)				·	dentification Number				
City or	town, state or provinc	n, apt., suite no. and street, or P. e, country, and ZIP or foreign pos		e (if foreign, see instr	uctions)	(EIN) 74	-3031090				
JEFFREY	W. KARP, M.D	. PLLC					telephone number 624-4588				
801 WES	T FIFTH AVENU	E, SUITE 619				2d Business of 621111	ode (see instructions)				
SPOKANE				WA	99204	1					
	dministrator's name ar	nd address 🛛 Same as Plan Spo	neor			3b Administra	tor's FIN				
4 If the r	name and/or EIN of the	plan sponsor has changed since	the last	t return/report filed for	or this plan, enter the	4b EIN					
name		nber from the last return/report.				4c PN					
5a Total	number of participants	at the beginning of the plan year				5a					
_	-	at the end of the plan year				5b					
C Numb	er of participants with a	account balances as of the end of	f the plai	n year (only defined	contribution plans	5c					
d(1) Tota	al number of active par	ticipants at the beginning of the p	olan year	г							
		ticipants at the end of the plan ye				5d(2)	2				
than '	100% vested	terminated employment during the		***************************************	***************************************	5e					
Caution: A	penalty for the late of	or incomplete filing of this return	rn/repor	t will be assessed	unless reasonable ca	use is establishe	d.				
SB or Sche	attes of perjury and otroidule MB completed ar rue, correct, and comp	ner penalties set forth in the instruid signed by an enrolled actuary, plete.	as well	as the electronic ver	examined this return/re sion of this return/repor	port, including, if a t, and to the best	applicable, a Schedule of my knowledge and				
SIGN	101	Ann n) Xh	10	8/23/17	Jeffrey W. Ka	rp, M.D.					
HERE Signature of plantagministrator Date Enter name of individual signing as plan administrator					n administrator						
SIGN HERE											
	Signature of employ		noludo r	Date			ployer or plan sponsor				
rieparers	name (including firm h	ame, if applicable) and address (i	nciude r	oom or suite numbe	Γ)	Preparer's telep	none number				

Form	EEOO	CE	2016

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b	Were all of the plan's assets during the plan year invested in eligil 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 6 or line 6b, the plan can	f an indepe and condi not use Fo	endent qualified public itions.) orm 5500-SF and mu	accour	ntant (I	QPA) e Forr	n 5500).		s 🗌 No
	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance	orogram (see ERISA s	section	4021)?	·[Yes	∐No	Not det	termined
7	Plan Assets and Liabilities	T	(a) Beginning	of Vos				(b) End	of Voor	
a	Total plan assets	7a	· · · · · · · · · · · · · · · · · · ·	,431,				(b) Ella	of Year	88,429
b	Total plan liabilities	. 7b		,,						00,423
С	Net plan assets (subtract line 7b from line 7a)	7c	1.	,431,	495				1.4	88,429
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou				-	(b) 1		00,123
а	Contributions received or receivable from:									
_	(1) Employers	8a(1)			705					
	(2) Participants	8a(2)		24,	625					
<u>_</u>	(3) Others (including rollovers)			- 40	07.4			·		
	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			48,	974					
d	· · · · · · · · · · · · · · · · · · ·	8c			\dashv			-	1	16,304
	to provide benefits)	8d		59,	370					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f							10.0011	
<u>g</u>	Other expenses	8g							7.3.11	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)									59,370
_ <u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-		56,934
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 3B 3D	feature co	des from the List of P	lan Cha	racteri	stic C	odes in	the inst	ructions:	-
b	If the plan provides welfare benefits, enter the applicable welfare fi	eature cod	es from the List of Pla	an Char	actens	tic Co	des in t	he instru	ictions:	
Par	t V Compliance Questions			_					·	 -
10	During the plan year:				Yes	No	N/A		Amount	-
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V	tions within	n the time period					-	Amount	_
	Program)	oluntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		Х				
C				10c	Х				1,	18,843
d		fidelity box	nd, that was caused	10d	11	Х				10,043
е	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				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	nd)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10h		Х		 -		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i					·····	

	Form 5500-SF 2016 Page 3-							
Part \	/I Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)						Ye	s 🛛 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Code or	sectio	n 302 o	f	[Ye	s 🛛 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	ns, an	d enter Day		e of the I Ye		ruling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.						
b	Enter the minimum required contribution for this plan year			12b				
	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 negative amount)			12d				
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No.		N/A
Part \	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?				Ye	s X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brocontrol of the PBGC?					Yes	X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)				•			
1;	3c(1) Name of plan(s):		13c(2)	EIN(s)		13	c(3) F	PN(s)
Part	VIII Trust Information							
14a N	lame of trust			14b	Trust's	EIN		
14c N	Name of trustee or custodian	**	14d Trustee's or custodian's				n's	
				,	telepho	ne numb	er	
Part	IX IRS Compliance Questions							
15a ı	s the plan a 401(k) plan? If "No," skip b		Yes			∏ No		
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:		Desig safe h	n-based arbor	i ["Prio test	r year	r" ADP
	OTANGO TOT THE Plant year to Theorem that apply.		"Curre	ent year est	"	N/A		
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio perce test	entage		verage enefit tes	st	□ N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS and the serial number	S opinio	n letter	or advi	sory let	ter, ente	r the	date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

☐ No

☐ No

Yes

Yes

Defined Benefit Plan or Money Purchase Pension Plan Only:

service?