Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

				and ending 17						
A This re	turn/report is for:	a single-employer plan	list of participating	r plan (not multiemployer) (employer information in ac	`					
		a one-participant plan	a foreign plan							
B This ret	urn/report is	rn/report is the first return/report the final return/report								
		an amended return/report a short plan year return/report (less than 12 months)								
C Check	box if filing under:	X Form 5558	automatic extension	on	DFVC program					
Don't II	Desis Blandata	special extension (enter des	· /							
Part II		ormation—enter all requested i	nformation		1h Three dist					
1a Name ORTHOPAE	EDIC ASSOCIATES, F	1b Three-digit plan number (PN) ▶	001							
					1c Effective date of	1				
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.			2b Employer Ident	ification Number				
City or		ce, country, and ZIP or foreign pos		nstructions)	(EIN) 20-1 2c Sponsor's telep	710678 Ohone number				
ORTHOPAE	DIC ASSOCIATES PA	4			208-378	8-2868				
8854 W EME	ERALD ST SUITE 140				2d Business code	` ,				
BOISE, ID 8	3704				021	111				
3a Plan a	administrator's name a	nd address X Same as Plan Spo	onsor.		3b Administrator's	EIN				
					3c Administrator's	telephone number				
					JC Administrators	telephone number				
4 If the	name and/or EIN of th	e plan sponsor has changed sinc	e the last return/report file	ed for this plan, enter the	4b FIN					
name		e plan sponsor has changed since imber from the last return/report.	e the last return/report file	ed for this plan, enter the	4b EIN 4c PN					
name a Spons	e, EIN, and the plan nu sor's name				_	42				
a Spons 5a Total	e, EIN, and the plan nu cor's name number of participants	mber from the last return/report.	· · · · · · · · · · · · · · · · · · ·		4c PN					
name a Spons 5a Total b Total c Numb	e, EIN, and the plan nu sor's name number of participants number of participants per of participants with	mber from the last return/report.	of the plan year (only defin	ned contribution plans	4c PN 5a	42 32 32				
a Spons 5a Total b Total c Numb	e, EIN, and the plan nuterics name number of participants number of participants per of participants with lete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end of	of the plan year (only defir	ned contribution plans	4c PN 5a 5b 5c 5d(1)	32 32 11				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot	e, EIN, and the plan number of participants number of participants our of participants with plete this item)	articipants at the end of the plan year	of the plan year (only defir plan year	ned contribution plans	4c PN 5a 5b 5c	32 32 11				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than	e, EIN, and the plan number of participants number of participants out of participants with plete this item)	articipants at the beginning of the plan year articipants at the end of the beginning of the end of the plan year terminated employment during the	of the plan year (only defir plan year eareplan year with accrued	ned contribution plans benefits that were less	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	32 32 11				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	articipants at the beginning of the plan year articipants at the end of the beginning of the end of the plan year articipants at the beginning of the plan yet terminated employment during the or incomplete filing of this return.	of the plan year (only defir plan yeareareplan year with accrued	ned contribution plans benefits that were less	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	32 32 11 9				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche	e, EIN, and the plan number of participants number of participants per of participants with elete this item)	articipants at the beginning of the plan year account balances as of the end of the plan year	plan year (only defired plan yeareareplan year with accrued plan year will be assess uctions, I declare that I have be assessed to the second plan year will be assessed to the second plan year.	benefits that were less ded unless reasonable calcave examined this return/re	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if appli	32 32 11 9 0 cable, a Schedule				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	articipants at the beginning of the plan year account balances as of the end of the plan year	plan year (only defired plan yeareareplan year with accrued plan year will be assess uctions, I declare that I have be assessed to the second plan year will be assessed to the second plan year.	benefits that were less ded unless reasonable calcave examined this return/re	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if appli	32 32 11 9 0 cable, a Schedule				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	articipants at the beginning of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the beginning of the participants at the end of the plan yet terminated employment during the or incomplete filing of this returned signed by an enrolled actuary, aplete.	plan year (only defirmed plan year (only defirmed plan year with accrued plan year will be assessuctions, I declare that I has well as the electronic	benefits that were less sed unless reasonable ca ave examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if appli	32 32 11 9 Cable, a Schedule y knowledge and				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	articipants at the beginning of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the beginning of the participants at the end of the plan yet terminated employment during the or incomplete filing of this returned signed by an enrolled actuary, aplete.	plan year (only define plan yeareareer	benefits that were less sed unless reasonable ca ave examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applicit, and to the best of m	32 32 11 9 0 cable, a Schedule y knowledge and				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	aniber from the last return/report. Is at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the plan year terminated employment during the plan year or incomplete filing of this returned signed by an enrolled actuary, applete. Avalid electronic signature. Administrator Dever/plan sponsor	plan year (only define plan year	benefits that were less ied unless reasonable ca ave examined this return/repor JEFFREY HESSING Enter name of individ Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applient, and to the best of meaning as plan additional signing as employed.	32 32 11 9 0 cable, a Schedule y knowledge and ministrator er or plan sponsor				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	anisher from the last return/report. Is at the beginning of the plan year at the end of the plan year	plan year (only define plan year	benefits that were less ied unless reasonable ca ave examined this return/repor JEFFREY HESSING Enter name of individ Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applicit, and to the best of m	32 32 31 11 9 Cable, a Schedule y knowledge and ministrator er or plan sponsor				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	aniber from the last return/report. Is at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the plan year terminated employment during the plan year or incomplete filing of this returned signed by an enrolled actuary, applete. Avalid electronic signature. Administrator Dever/plan sponsor	plan year (only define plan year	benefits that were less ied unless reasonable ca ave examined this return/repor JEFFREY HESSING Enter name of individ Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applient, and to the best of meaning as plan additional signing as employed.	32 32 31 11 9 Cable, a Schedule y knowledge and ministrator er or plan sponsor				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	aniber from the last return/report. Is at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the plan year terminated employment during the plan year or incomplete filing of this returned signed by an enrolled actuary, applete. Avalid electronic signature. Administrator Dever/plan sponsor	plan year (only define plan year	benefits that were less ied unless reasonable ca ave examined this return/repor JEFFREY HESSING Enter name of individ Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applient, and to the best of meaning as plan additional signing as employed.	32 32 31 11 9 Cable, a Schedule y knowledge and ministrator er or plan sponsor				

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X	es No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	ions.)						X Y	es 🗌 No
•	If you answered "No" to either line 6a or line 6b, the plan cann					_	-	_	□ Nat d	
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA se	ection 4	021)?		res	Пио		etermined
_ Pa	rt III Financial Information		()5							
	Plan Assets and Liabilities Total plan assets	70	(a) Beginning	of Year 011084				(b) End	of Year 28424	92
<u>a</u>	Total plan assets Total plan liabilities	7a 7b		0						05
	Net plan assets (subtract line 7b from line 7a)	7c	5	011084					28382	87
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(h) 1	otal	
a	Contributions received or receivable from:		(a) Amoun					(6)	Otal	
	(1) Employers	8a(1)		98694						
	(2) Participants	8a(2)		87810						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b		197763						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3842	67
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	545358						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		11706						
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							25570	64
ī	Net income (loss) (subtract line 8h from line 8c)	8i							-21727	97
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2G 3D 2A	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amour	nt
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	oluntary F	iduciary Correction	10a		X				
b	,	t? (Do not	include transactions	10b		X				
	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 by fraud or dishonesty?	•	·	10d		X				
е		ner persor ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g		-	•	10g	X					25093
h	2520.101-3.)	· ····		10h		X				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru					es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f		es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter t Day		of the lette Year _	r ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X N	0
	If "Y€	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 broug		e 		Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2	2) EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d ["Prior ye test	ar" ADP
			Gur ADP	rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat perd test	centage		verage enefit test	□ N/A
16b		ne 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		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determi	nation
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		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)

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

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Informat				
For calenda	ır plan year 2016 or f	iscal plan year beginning	01/01/2016	and ending	12/31	1/2016
		a single-employer plan				ng this box must attach a
A This retu	urn/report is for:			nployer information in a	ccordance wit	h the form instructions.)
		a one-participant plan	a foreign plan			
D This is a		The first return/report	the final return/report			
B This retu	rn/report is	the first return/report	=		45>	
		X an amended return/report	a snort plan year retur	n/report (less than 12 n	ionins)	
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC pro	gram
		special extension (enter d	escription)			
Part II	Basic Plan Info	ormation—enter all requeste	d information			
1a Name					1b Three-	digit
ORTHOPAE	EDIC ASSOCIAT	ES, PA 401(K) PLAN			plan n	\$255.TE
		·			(PN)	
					The second secon	ve date of plan ./2005
2a Plan or	annor's name (omple	oyer, if for a single-employer pla	20)		+	yer Identification Number
•	, ,	om, apt., suite no. and street, or	-		10	20-1710678
,		ce, country, and ZIP or foreign	postal code (if foreign, see inst	ructions)		or's telephone number
ORTHOPA	AEDIC ASSOCIA	TES PA				78-2868
					2d Busine	ess code (see instructions)
8854 W	EMERALD ST S	UITE 140	A RAB	WIV Town	62111	1
DOTOR		ID 8370	* **	1/40		
BOISE	d:-i-ttt	ID 8370 and address X Same as Plan	and the America	AVIAN	3h Admin	istrator's EIN
Ja Pian ad	oministrator's name a	and address X Same as Plan	DEC 1	2 2017	3D Admin	ISTIATOL 2 EIIA
			DEC 1	9 ZUI/	3c Admin	istrator's telephone number
			EMPLOYER	REMEET		
			RESOL	IRCES		
4 If the r	name and/or EIN of th	ne plan sponsor has changed si	nce the last return/report filed	for this plan, enter the	4b EIN	
	•	umber from the last return/repor	t.		4	
a Sponse	or's name				4c PN	
	. ,	s at the beginning of the plan ye				42
		s at the end of the plan year			. 5b	32
	•	account balances as of the en			5c	32
	•				5d(1)	11
	·	articipants at the beginning of the	- 150 CENTRAL LONG		E-1/2)	
` '	· ·	articipants at the end of the pla	•			g
		it terminated employment durin			5e	0
Caution: A	penalty for the late	or incomplete filing of this r	eturn/report will be assessed	l unless reasonable ca		
		other penalties set forth in the in and signed by an enrolled actua				
	true, correct, and cor		ary, as well as the electronic ve			best of my knowledge and
SIGN	1	essin	12-7-17	Jeffrey Hessi	.ng	
HERE	Signature of plan	administrator	Date	Enter name of indivi	dual signing a	s plan administrator
CICN	Organica or prairie					
SIGN	2:		D-1-		dual sississ s	
Preparer's		loyer/plan sponsor name, if applicable) and addre	Date ss (include room or suite numb			s employer or plan sponsor telephone number
. iopaior s	(oloung mili	in approache) and addition	oo tamaaa taani ah aana hania	,	1	priorite francisco
1						

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6a Were all of the plan's assets during the plan year invested in eligib b 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 cann	an indepe and condi ot use Fo	ndent qualified public a tions.)rm 5500-SF and must	ccount	ant (IQ	PA)	5500.		X Yes No	О
c If the plan is a defined benefit plan, is it covered under the PBGC in Part III Financial Information		orogram (see ERISA se	Ction 4	021)?		Yes	Пио	Not determined	
7 Plan Assets and Liabilities		(a) Beginning o	of Year	П			(b) End	of Year	
a Total plan assets	7a		011,		••••		(-,	2,842,49	92
b Total plan liabilities	7b		•	0				4,20	05
C Net plan assets (subtract line 7b from line 7a)	7c	5,	011,	084				2,838,28	37
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) T	otal	
a Contributions received or receivable from:			98,	601					
(1) Employers	8a(1)		87,	_					
(2) Participants	8a(2)		0/,	910					
(3) Others (including rollovers)	8a(3)		197,	763					
b Other income (loss)	8b		± 21,	703				384,26	67
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							301,20	
to provide benefits)	8d	2,	545,	358					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		11,	706					
g Other expenses	. 8g			\perp					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							2,557,06	64
i Net income (loss) (subtract line 8h from line 8c)	. 8i							-2,172,79	97
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2G 3D 2A	feature co	odes from the List of Pla	an Cha	racteri	stic Co	ides in	the inst	ructions:	
b If the plan provides welfare benefits, enter the applicable welfare	feature co	des from the List of Plan	n Chara	acterist	tic Cod	les in t	he instri	uctions:	
Part V Compliance Questions								· · · · · · · · · · · · · · · · · · ·	
10 During the plan year:	· · · · · ·			Yes	No	N/A		Amount	
a Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary	Fiduciary Correction	10a		х				
Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		х				
C Was the plan covered by a fidelity bond?			10c		Х				
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all o	f the benefits under	10e		х				
f Has the plan failed to provide any benefit when due under the plan	an?		10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g	Х				25,0	93
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10			10i				ļ		

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Form 5500-SF 2016

Part	VI I	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and a 5500) and line 11a below)					Yes [No
	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the C A?			f	Ι п,	res [X No
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	*******************			<u> </u>		
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver.		i enter t Day		of the lette Year	r rulin	ig
<u>If</u>	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Enter t	he minimum required contribution for this plan year		12b				
С	Enter t	he amount contributed by the employer to the plan for this plan year		12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ive amount)		12d				
е	Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	<u></u> №	/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	X N	lo	
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broubl of the PBGC?	•			Yes 2	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden assets or liabilities were transferred. (See instructions.)	tify the plan(s	to				
	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust		14b ⁻	Trust's E	IN		
14c	Name	of trustee or custodian				s or custoc ne number	lian's	
Par	t IX	IRS Compliance Questions						
15a	l Is the	plan a 401(k) plan? If "No," skip b	Yes		[No		
15b	How o	lid the plan satisfy the nondiscrimination requirements for employee deferrals under section		n-based	a L	Prior y	ear" A	DP
		(3) for the plan year? Check all that apply:		ent year	. [N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Ratio)	<u> п</u> А	verage	П	N/A
	year?	Check all that apply	test	entage	∐ be	enefit test	Ш	INA
16k		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?				No		
	the le							
	letter	·	enter the date	of the n	nost rece	ent determ	ination	n
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 se pe?		Ye	s [] No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Ye	s	No		