Form 5500-SF Short Form Annual Return/Report of Small Emp Department of the Treasury Benefit Plan						OMB Nos. 1210-0110 1210-0089				
Inter	nal Revenue Service	4065 of the Employee Re								
	epartment of Labor enefits Security Administration	57(b) and 6058(a) of the e).								
Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part I		dentification Information								
For calenda	ar plan year 2017 or fisc				2/31/2017	the state is a second of the state of				
A This ret	turn/report is for:	X a single-employer plan	list of participating er			king this box must attach a vith the form instructions.)				
B This retu	urn/report is	a one-participant plan	a foreign plan							
		the first return/report	the final return/report							
	l	an amended return/report	a short plan year retu	m/report (less than 12 mo	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descr								
Part II	Basic Plan Infor	mation—enter all requested inf	ormation							
1a Name	•				1b Thre					
JEFFREY W	/. KARP, M.D. 401K PR	OFIT SHARING PLAN			pian (PN)	number 001				
					1c Effect	tive date of plan				
2a Plan si	ponsor's name (employe	er, if for a single-employer plan)			2b Empl	01/01/1991 oyer Identification Number				
Mailing	g address (include room	, apt., suite no. and street, or P.O, , country, and ZIP or foreign posta		ructions)	(EIN) 74-3031090					
-	. KARP, M.D. PLLC	, country, and zir of foreign post	ai code (il loreign, see insi	ructions)	2c Sponsor's telephone number 509-624-4588					
					2d Business code (see instructions)					
801 WEST F SPOKANE, V	IFTH AVENUE, SUITE	619			621111					
,										
3a Plan a	dministrator's name and	I address 🗙 Same as Plan Spon	isor.		3b Admi	nistrator's EIN				
				·	3c Administrator's telephone number					
4 If the r	name and/or FIN of the	plan sponsor or the plan name ha	is changed since the last r	eturn/report filed for	4b EIN					
this pl	an, enter the plan spons	sor's name, EIN, the plan name a								
a Spons c Plan N	or's name				4d PN					
5a Total r	number of participants a	t the beginning of the plan year			5a	2				
		t the end of the plan year			5b	2				
		ccount balances as of the end of t			5c	2				
d(1) Tota	al number of active parti	cipants at the beginning of the pla	an year		5d(1)	2				
• •		icipants at the end of the plan yea			5d(2)	2				
		erminated employment during the			5e	0				
Caution: A	A penalty for the late or	r incomplete filing of this return	/report will be assessed	unless reasonable cau						
SB or Sche	edule MB completed and	er penalties set forth in the instruc I signed by an enrolled actuary, a								
SIGN	true, correct, and comple	alid electronic signature.	07/12/2018	JEFFREY W. KARP, M	Л.D.					
HERE	Signature of plan ad		Date	Enter name of individu		as plan administrator				
SIGN	Signature er plan du		2010							
HERE	Signature of omploy	er/nlan sponsor	Date	Enter name of individu	al signing	as employer or plan spansor				
L	Signature of employ		Date		iai signing	as employer or plan sponsor				

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

	If you answered "No" to either line 6a or line 6b, the plan cannot If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance pro	gram (see ERISA section 4021)?	Yes No Not determined
Ра 7	rt III Financial Information			
<u>/</u>	Plan Assets and Liabilities	7-	(a) Beginning of Year 1488429	(b) End of Year 1621832
	Total plan assets	7a 7b	1400429	1021032
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	1488429	1621832
<u>.</u> В	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount	(b) Total
-	Contributions received or receivable from: (1) Employers	8a(1)	42655	(5) Ford.
	(2) Participants	8a(2)	24600	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	128098	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		195353
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	61950	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		61950
i	Net income (loss) (subtract line 8h from line 8c)	8i		133403
j	Transfers to (from) the plan (see instructions)	8j		
Pa	t IV Plan Characteristics			
	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2R 3B 3D	feature code	es from the List of Plan Characteristic	c Codes in the instructions:

10	During the plan year:		Yes	No	Amount
а	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		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
С	Was the plan covered by a fidelity bond?	10c	X		162183
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		х	
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?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No		N/A
Part '	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?		Ye	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	: (3) F	'N(s)

		· · · · · · · · · · · · · · · · · · ·					
Form 5500-SF	Short Form Ann	ual Return/Repor Benefit Plan	t of Small Employ	ee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		filed under sections 104 and	4065 of the Employee Retire		2017		
Department of Labor Employee Benefits Secunty Administration		74 (ERISA), and sections 60 Revenue Code (the Cod	157(b) and 6058(a) of the Inte	rnal Th i	s Form is Open to		
Pension Benefit Guaranty Corporation		•	,	P	ublic Inspection		
Part I Annual Repor	rt Identification Informatio		tructions to the Form 5500-	SF.			
For calendar plan year 2017 or		01/01/2017	and ending	12/31/2	017		
			plan (not multiemployer) (File				
A This return/report is for:	a single-employer plan	list of participating e	mployer information in accord				
B This return/report is	a one-participant plan	📋 a foreign plan					
D This return/report is	the first return/report	the final return/report					
	an amended return/report	a short plan year retu	m/report (less than 12 month	ns)			
C Check box if filing under:	Form 5558	automatic extension		OFVC program			
	special extension (enter de	scription)					
Part II Basic Plan Inf	formation—enter all requested	information					
1a Name of plan			11	D Three-digit			
	.D. 401K PROFIT SHAR	ING PLAN		plan numbe	r		
				(PN) 🕨	001		
			10	Effective da			
22 Dian anonan's name (ame	bloyer, if for a single-employer plar			01/01/1			
	nover, in for a single-employer plar nom, apt., suite no. and street, or f			2b Employer Identification Number (EIN)74-3031090			
	nce, country, and ZIP or foreign po	ostal code (if foreign, see ins	tructions) 20	2c Sponsor's telephone number			
JEFFREY W. KARP, M	.D. PLLC		-	(509) 624-4588			
			20	Business co	de (see instructions)		
801 WEST FIFTH AVE	NUE, SUITE 619						
SPOKANE		673	00004	601111			
	and address 🔀 Same as Plan S		A 99204	621111			
	and address A Same as Plan S	ponsor.	JI	Administrato	rs ein		
			30	Administrato	r's telephone number		
	the plan sponsor or the plan name) EIN			
a Sponsor's name	ponsor's name, EIN, the plan name	e and the plan number from		I PN			
C Plan Name				A FIN			
5a Total number of participan	ts at the beginning of the plan yea	۰۰۰۰۰ ۱۲		5a	2		
	ts at the end of the plan year			5b	2		
C Number of participants with	h account balances as of the end	of the plan year (only define	d contribution plans	5c			
			•••••••••••••••••••••••••••••••••••••••		. 2		
	participants at the beginning of the			d(1)	2		
	participants at the end of the plan			d(2)	2		
e Number of participants where the second	no terminated employment during	the plan year with accrued b	enefits that were less	5e	0		
<u>Caution: A penalty for the late</u>	e or incomplete filing of this ret	urn/report will be assessed	d unless reasonable cause	is established			
SB or Schedule MB completed	other penalties set forth in the inst and signed by an enrolled actuary	ructions, I declare that I hav y, as well as the electronic ve	e examined this return/report ersion of this return/report, ar	, including, if a nd to the best o	oplicable, a Schedule f my knowledge and		
belief, it is true, cbrredt, and con	Mund	17/m/18	Jeffrey W. Karp,	M.D.			
HERE Signature of plan	administrator	Date	Enter name of individual	signing as plan	administrator		
SIGN SIGN				agining as pidli	auriii iisti at01		
HEPA							
Signature of emp	loyer/plan sponsor tice, see the Instructions for Form 5	Date	Enter name of individual	signing as emp	loyer or plan sponsor Form 5500-SF (2017)		
	, eee ale mou ueuolis ivi ruffi 5				v 170203		

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	Were all of the plan's assets during the plan year invested in eligib							🗙 Yes 🗌 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							🗙 Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann		•					
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes 🛛 No 🛛	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC pro	emium filing for this p	lan yea	ır		·	(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End o	f Year
a	Total plan assets	7a	1,	488,	429			1,621,832
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	488,	429			1,621,832
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) To	tal
а	Contributions received or receivable from:							
	(1) Employers			42,				
	(2) Participants			24,	600	····· · · · · · · · · · · · · · · · ·		
	(3) Others (including rollovers)	· · · · · · · · · · · · · · · · · · ·		100	000			
_	Other income (loss)			128,	128,098			105.053
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						195,353
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		61,	950			
е	Certain deemed and/or corrective distributions (see instructions)							
f	Administrative service providers (salaries, fees, commissions) 8f							
g	Other expenses	8g						······································
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							61,950
i	Net income (loss) (subtract line 8h from line 8c)	8i						133,403
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics	· · · · · ·						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 3B 3D	feature cod	les from the List of P	lan Cha	racteri	stic Co	odes in the instru	uctions:
b		feature code	s from the List of Pla	n Char	acteris	tic Cod	les in the instruc	ctions:
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No		mount
	a Was there a failure to transmit to the plan any participant contribu	utions within	the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary Fid	duciary Correction					
	Program)			10a	ļ	Х		
Ľ	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not ir	iclude transactions	10b		x		
								1.60.1.65
	Did the plan have a loss, whether or not reimbursed by the plan's			10c	X			162,183
	by fraud or dishonesty?		u, mai was caused	10d		Х		
e	Were any fees or commissions paid to any brokers, agents, or other any fees or commissions paid to any brokers.	her persons	by an insurance					

10e

10f

10g

10h

10i

Х

Х

Х

Х

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.)

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 exceptions to providing the notice applied under 29 CFR 2520.101-3

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Part	VI Pension Funding Compliance							
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect ERISA?	? of	Yes 🛛 No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a 	If a waiver of the minimum funding standard for a pnor year is being amortized in this plan year, see instructions, a granting the waiver		er the da Day	te of the letter rulingYear				
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year	. 121	2					
C	Enter the amount contributed by the employer to the plan for this plan year	120	c					
d 	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	. 120	t					
<u> </u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A				
Part	VII Plan Terminations and Transfers of Assets							
_13a	Has a resolution to terminate the plan been adopted in any plan year?		<u>Г</u> ү	es 🛛 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 brought under the control 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), identify the plan which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s): 13c	2) EIN((S)	13c(3) PN(s)				